



Administrative Simplification: Opportunities, Obtaining Stakeholder Support and Future Policy Developments

January 22, 2016



**American Hospital
Association®**

Webinar Overview:

- Steve Lazarus, Boundary Information Group
 - George Conklin, CHRISTUS Health
 - Walter Suarez, Kaiser Permanente
 - Questions & Discussion

AHA TrendWatch: Administrative Simplification Strategies Offer Opportunities to Improve Patient Experience and Reduce Costs

<http://www.aha.org/research/reports/tw/16jan-tw-adminsimp.pdf>



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Overview of Findings of AHA's Administrative Simplification Report



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CPHIT, CPORA, FHIMSS
PRESIDENT, BOUNDARY INFORMATION GROUP
CO-FOUNDER, HEATH IT CERTIFICATION, LLC**

JANUARY 22, 2016



- Business process consultant focusing on electronic health records, and electronic transactions between organizations
- Consultant to CAQH CORE Project
- HIPAA Expert Witness
- Active leader in the Workgroup for Electronic Data Interchange (WEDI)
- Speaker and author (two books on HIPAA Security and one on electronic health records)
- Recipient of Vision and Leadership Award as WEDI Chairman, WEDI Corporate Leadership Award, and WEDI Distinguished Service Awards
- Consultant to three successful EHNAC applicants
- Former positions with MGMA, University of Denver, Dartmouth College

Strategies for workflow, productivity, quality and patient satisfaction improvement through health care information

- **Strategic IT business process planning**
- **ROI/Benefits realization**
- **Operating Rules**
- **Project management and oversight**
- **Workflow redesign**
- **Education and training**
- **Vendor selection and enhanced use of vendor products**
- **Facilitate collaborations among organizations to share/exchange health care information**
- **EHR, HIE and ACO training and facilitation**
- **Medical Banking**
- **EHNAC Support**

Overview of Findings – Cost Reduction

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- Estimated that an additional \$8B annually could be saved, \$7.2 by providers
- Efficiency
 - Automate phone, fax, & mail to electronic transactions
 - EFT (Electronic Funds Transfer) instead of paper checks
 - Find errors earlier, reduce collections rework
- Increase revenue
 - Reduce bad debt
 - Earlier intervention in “denied claims”
 - ✦ Validate eligibility with patients up front to collect deductibles and copays, and accurately inform patients of their obligations

Overview of Findings – Organizational Barriers

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- **Resistance to change**
 - Need to rock the boat!
 - Leadership needs to be strategic, IT supports with technology
- **Vendor limitations**
 - Use a third party solution
- **Decentralized approach to administrative processes**
 - Implement a standardized Revenue Cycle Management approach
 - Centralize activities and workflow management
 - Consider implementing the operating rules as part of building an infrastructure and culture for Value Based Payment

Overview of Findings – Action Steps

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- C-Suite leadership
- Support a Revenue Cycle Management approach
- Participate in CAQH CORE
 - Provider voice, do not assume that the “other guy” will do it
 - Operating Rules development and maintenance
 - Develop an in-depth understanding of the keys to success
 - Understand the payer perspective
- Require your RCM vendors to be CAQH CORE Certified
- **Improve patient experience with timely, better data**

Overview of Findings

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- Rapid action essential – every month of delay postpones cost reduction, improved patient relations and readiness for Value Based Payment
- Time is money!



Contact Slide

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- Steven S. Lazarus, PhD, CPEHR, CPHIE, CPHIT, CPORA, FHIMSS

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CHRISTUS' CORE CERTIFICATION JOURNEY

GEORGE CONKLIN

SVP AND CIO, CHRISTUS HEALTH



CHRISTUS HEALTH

- In 1999, two historic Catholic charities became one, forming CHRISTUS Health and creating a unique purpose in the modern health care market - to take better care of people.
- To extend the healing ministry of Jesus Christ, the mission that the Sisters of Charity Health Care system and Incarnate Word Health system shared for more than a century, is now also the mission of CHRISTUS Health.
- Ranked among the top 10 Catholic health systems in the United States by size, the CHRISTUS Health system includes more than 40 hospitals and facilities in seven U.S. states, Chile and six states in Mexico, with assets of more than \$4.6 billion.
- Whether seeking care in Alexandria, Louisiana, or Coahuila, Mexico, patients discover that the healing spirit is alive at CHRISTUS Health.

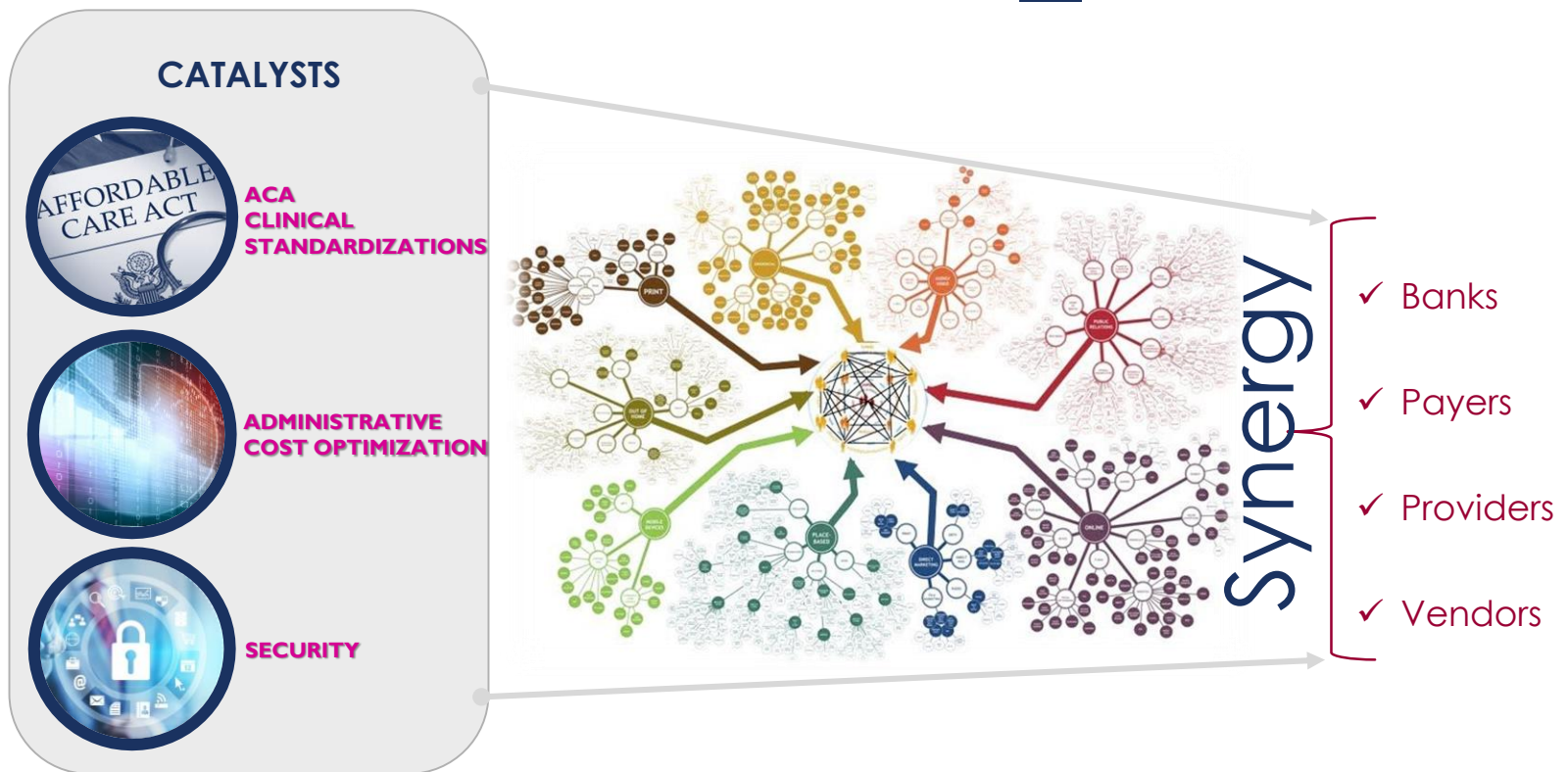
Inspired Healing. Everyday.



Our mission: To extend the healing ministry of Jesus Christ.



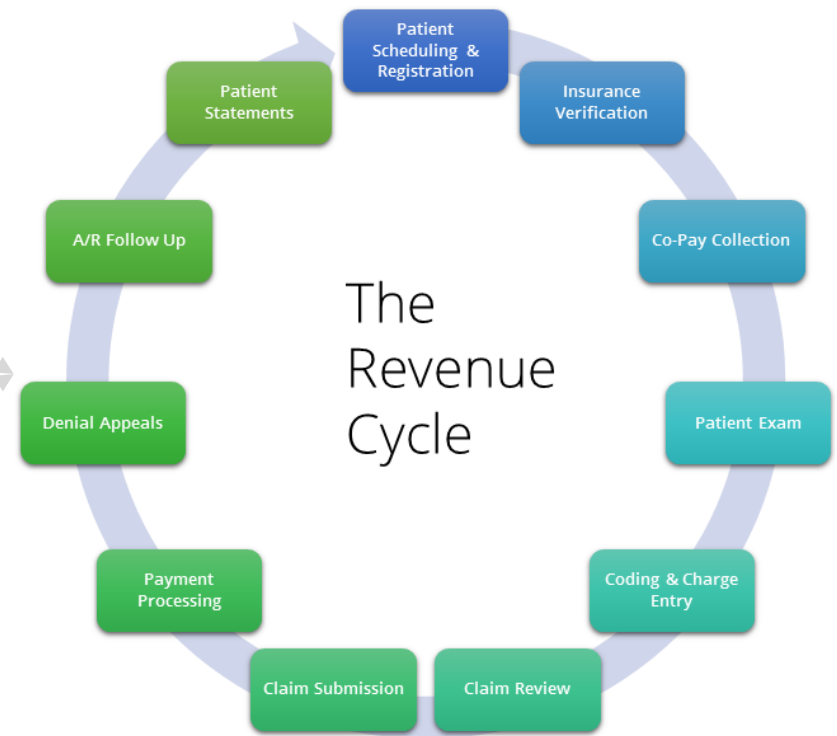
CHRISTUS' DECISION POINTS



GETTING BUY-IN & IMPACT



EFT & ERA TRANSACTIONS



LESSONS LEARNED



- A. Tighter and smarter Vendor Management
- B. CORE-focused Enterprise Architect Solutions



QUESTIONS?

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AHA Administrative Simplification Webinar



National Committee on Vital and Health Statistics

Advising the Secretary of Health and Human Services
on health information policy since 1949.

NCVHS 2016 Work Plan: *Priorities and Directions*

Walter G. Suarez, MD, MPH

Chair, National Committee on Vital and Health Statistics

Executive Director, Health IT Strategy and Policy, Kaiser Permanente

January 22, 2016

Committee Priorities for 2016

- ***Privacy and Security:***
 - Minimum Necessary
 - De-identification
 - HIPAA Privacy and Security: Next Generation of Policies
 - Patient Identifier
 - 42 CFR Part 2 changes
- ***Population Health:***
 - Roadmap for a Community Health Core Measures Framework
 - Advancing Vital Statistics eReporting (eBirth, eDeath Certificates)
- ***Data Access and Use:***
 - Measurement framework for assessing use, usability and usefulness of federal health data resources

Committee Priorities for 2016

- ***Standards:***
 - ACA Review Committee report and recommendations
 - Phase IV Operating Rules Evaluation and Recommendations
 - Recommendations on Attachments
 - Pending regulations on Health Plan Compliance Certification
 - 'Second' transition of ICD-10
 - Health Plan ID resolution
 - Next version of HIPAA Transaction Standards

Standards: ACA Review Committee

- **Charge**

- To review no less frequently than every two years the state of adopted HIPAA standards, and recommend any changes to improve it efficient and cost-effective implementation

- **First hearing in June 2015**

- 2-day hearing covering all HIPAA named transactions, with over 75 testifiers; establishing a baseline of understanding of state of affairs

- **Next steps**

- Preparing a Letter to Secretary with observations and recommendations to HHS (expected for approval Feb 2016)
- Preparing a more comprehensive Review Committee report with detailed findings on all transactions and additional recommendation

Standards: Operating Rules

- **First set of Operating Rule adopted**
 - Eligibility, Claim Status
- **Second set of Operating Rule adopted**
 - Electronic Remittance Advice, Electronic Funds Transfer
- **Third set of Operating Rule being considered**
 - Claims, Enrollment/Disenrollment, Premium Payment, Prior Authorization
 - Under review by NCVHS – Hearing scheduled for February 16, 2016
 - Based on hearing findings and NCVHS assessment, recommendations to HHS to come in May/June 2016
 - If recommendation is to adopt, CMS would issue regulations in fall, 2016; compliance deadline might not be until end of 2017

Standards: Attachments and Other Priorities

- **Final hearing scheduled for February, 2016**
 - Discuss state of development of attachment standards and review final set of standards for recommendation to HHS
 - Possible regulation would come out later in the year
 - Most likely compliance date would not be before January 2018
- **'Second' ICD-10 Transition**
 - ICD-10 CM/PCS code 'freeze' since 2013
 - All accumulated codes under 'freeze' to be released and required to be used starting October 1, 2016
- **Next version of HIPAA Transaction Standards**
 - Current schedule shows possible recommendation for adoption of next version of transactions (X12N for Version 7030) to come to NCVHS in later 2016/early 2017
 - After NCVHS work and CMS regulatory process, next version not expected for compliance until 2019-2020

NCVHS Website and Resources

- www.ncvhs.hhs.gov
- All meeting announcements, letters to the Secretary, reports, tools, and other resources available from this site
- Electronic/remote access to meetings and meeting materials

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Community and Population Health Data Stewardship Standards Quality Health Data Access and Use

The National Committee on Vital and Health Statistics (NCVHS) is the statutory public advisory body to the Secretary of Health and Human Services on health information policy. Established in 1949, NCVHS provides advice and assistance on key health data issues related to community and population health, standards, privacy and confidentiality, quality, and data access and use. It reports regularly to Congress on HIPAA implementation, and serves as a forum for interaction between HHS and interested private sector groups. Members have distinction in such fields as public health, education, informatics, law, economics, and medicine.

NCVHS Products

Recent Recommendations, Reports and Presentations

- Recommendations on supporting community data engagement by increasing alignment ... 06/28/2016
- Coordination of Benefits, HIPID, & ICD-10 Delay... 09/23/2014
- Health Care Claim Attachments... 09/23/2014
- UDI in Administrative Transactions... 09/23/2014

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Featured Items

- Supporting Community Data Engagement – An NCVHS Roundtable... 10/28/2014
- Joint Roundtable on Health Data Needs for Community Driven Change Summary Report... 06/02/2015
- A Stewardship Framework for the Use of Community Health Data... 12/06/2012
- The Community as a Learning System for Health: Using Local Data to Improve Local... 12/15/2011

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Connect to Webcast Meeting Webcast Archive E-Updates SharePoint Committee Members and Staff Only

Upcoming Meetings

- 11/18/15 Full Committee Meeting
- 09/16/15 Full Committee Meeting
- 06/16/15 Review Committee

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Hyattsville, MD 20782-2002

www.hhs.gov | www.healthit.gov | www.cdc.gov | www.cms.gov | aspe.hhs.gov/databook

Thank You!

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*Questions
&
Discussion*



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