

I068 Other rheumatic aortic valve diseases
I069 Rheumatic aortic valve disease, unspecified
I070 Rheumatic tricuspid stenosis
I071 Rheumatic tricuspid insufficiency
I072 Rheumatic tricuspid stenosis and insufficiency
I078 Other rheumatic tricuspid valve diseases
I079 Rheumatic tricuspid valve disease, unspecified



Overview of Transactions & Code Sets, Operating Rules, Health Plan Identifier and ICD 10 Implementation

Office of E-Health Standards and Services (OESS)
Centers for Medicare & Medicaid Services (CMS)

February 2013



HIPAA – Still a Work in Progress

Impacts are greater, stakes higher!

- According to the U.S. Healthcare Efficiency Index, more than 5 billion health care transactions today are conducted electronically, at a **cost savings of more than \$23.5 billion** versus paper – the magic “ROI” – with room for more savings – an **additional \$29 billion** if all transactions were conducted electronically
- As industry’s business needs change, now more than ever there is a need for transparency and collaboration – we are part of industry
- It all works together: We can do it “better, faster, cheaper” but still maintain and/or improve quality

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HIPAA – Still a Work in Progress

Roadmap to the Future of E-health

The alignment of administrative simplification, meaningful use, privacy, electronic quality measures and other e-health initiatives to achieve seamless, secure and accurate exchange and processing of health care information and transactions.

Ultimate Goal

A better health care system toward providing better care, better health at lower the cost without compromising safety and quality

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The Affordable Care Act and HIPAA

Sec 1104 – Administrative Simplification

- Operating Rules (definition, requirements, timeline) (partially completed)
- Health Plan Certification Requirements (under development)
- Unique Health Plan Identifier (completed)
- Electronic Fund Transfer (completed)
- Claim Attachments (data gathering)
- HHS Review Committee (to be determined)

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Why We Need 'Admin Simp'

- 17% of U.S. GDP is spent on health care (20% by 2020)
- Est. 1/3 of all Health Care Spending is on administrative costs (\$315 Billion by 2018)
- Up to 12% of a physician practice's annual revenue are Billing and Insurance Related costs
- Per physician, 2/3 of an FTE (27 hours) is necessary for BIR tasks

Higher administrative costs = Less quality care

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Timeline

Jan. 1,
2013

- Eligibility and Claim Status Operating Rules

Dec. 31,
2013

- Health Plans must certify/provide adequate documentation that their “data and information systems... are in compliance” with Eligibility, Claim Status, EFT, and ERA Standards and associated operating rules*

Jan. 1,
2014

- EFT Standards
- EFT & ERA Operating Rules

Oct. 1,
2014

- ICD-10

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*Regulations have not been published

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Timeline

Nov. 5,
2014

- Health Plans to obtain Health Plan Identifier (HPID) – small health plans have until November 5, 2015

Dec. 31,
2015

- Health Plans must certify/provide adequate documentation that their “data and information systems... are in compliance” with claims, enrollment, premium payments, claims attachments, and referral standards and associated operating rules*

Jan. 1,
2016

- Claims Attachment Standard*
- Operating Rules for claims, enrollment and disenrollment, premium payments, claims attachments, and referral certification and authorization*

Nov. 5,
2016

- Covered entities must use HPID to identify health plans in transactions

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ACA Standards/Operating Rules

Completed

HPID, ICD-10, Operating Rules for Eligibility for a Health Plan and Claim Status

Standard for EFT and Operating Rules for EFT/ERA

In Progress

Health Plan Certification NPRM/Final Rule
Operating Rules for remainder of HIPAA standards/transactions

Standard for Claims Attachment

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HPID & OEID

Health Plan Identifier (HPID)

- Required under the ACA to eliminate/streamline the multiple, proprietary identifiers health plans required providers to use in the standard transactions
- Can be obtained/used by either a Controlling (CHP) or Subhealth (SHP) plan

Other Entity Identifier (OEID)

- Is voluntary
- Must need to be identified in the standard transaction
- Not NPI eligible
- Not eligible to obtain an HPID
- Not an individual

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HPID Registration

HIOS Sign in: <https://insuranceoversight.hhs.gov/>

Health Insurance Oversight System

Friday, September 21, 2012

Sign-In

* Indicates required fields.

*User Name:


*Password:

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Type the letters you see in the image into the Word Verification field below. If you are unable to read the image pictured below, please select the Play Audio Code link for audio verification

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HPID Information

Visit the CMS HPID website

<http://www.cms.gov/Regulations-and-Gidance/HIPAA-Administrative-Simplification/Affordable-Care-Act/Health-Plan-Identifier.html>

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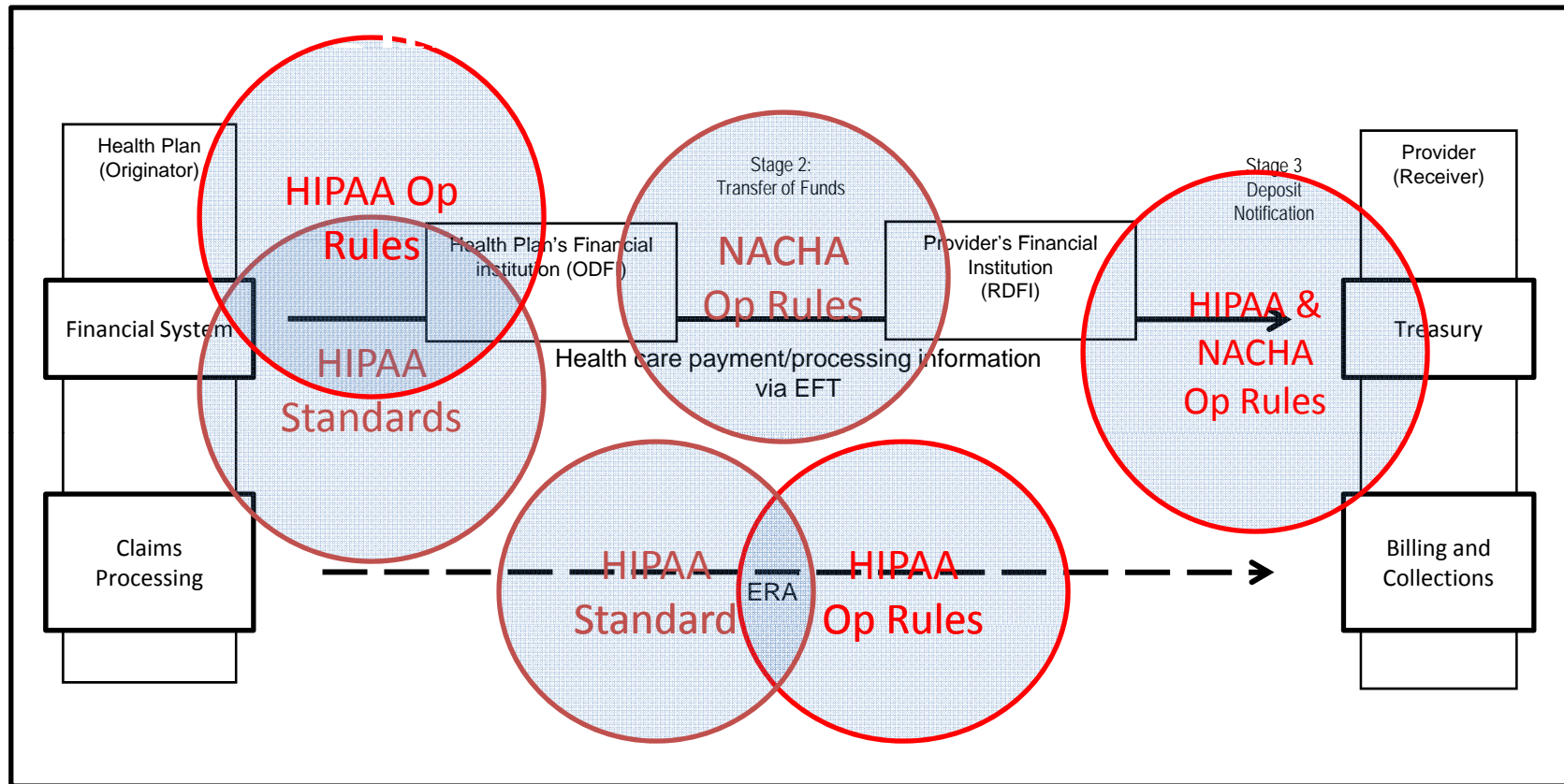
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Health Care EFT/ERA



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ICD-10 Integration with EDI

ICD-10 takes effect October 1, 2014

But the connections among all of CMS' e-health initiatives are unmistakable!

Interoperability requires the alignment of the use of uniform health information standards such as ICD-10, given the level of structured documentation required to achieve EHR meaningful use, which involves the use of electronic quality measures (eQMs)

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CMS Implementation of ICD-10

CMS continues with its implementation of ICD-10

Agency “eHealth” Steering Committee continues to meet bi-weekly to address cross-cutting

Concerns

- Overall, a 63% completion rate; but some areas with dependencies may not be able to achieve completion until later in the process
- Goal is to have all systems and business processes in place by October 20123 leaving a year for industry testing
- Industry outreach will focus on practical tools for small providers and hospitals

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Standards Testing & Compliance

Version 5010 showed us that we still are not all speaking the same language. We need general consensus on:

End to end testing
Compliance
Readiness

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Tale of Two Pilots

Standards Pre-testing Process/Protocols

Problems

- Past implementation challenges – 5010 lessons learned
- Upcoming regulatory requirements – need a level playing field

Goals

- Develop a process and methodology based on industry understanding of administrative simplification requirements
- Develop “best practices” to make the process consistent, faster and smoother

Outcomes

- Checkpoints for testing methodology
- Universal testing that can be adopted by all industry segments
- Agreement on what constitutes end-to-end testing, readiness and compliance.

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Tale of Two Pilots

Pre-adoption of Standards

Emdeon pilot focuses on a process/protocol for testing the standard to determine if HHS should adopt the standard in a regulation

End to End Testing

- The NGS contract focuses on the time period after adoption and the industry is testing with trading partners
- Using ICD-10 as a test case
- The process and methodology will be a framework that can be used across all Administrative Simplification requirements.

We are also developing definitions for end-to-end testing, compliance, and readiness to ensure a common understanding.

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