
Policies Targeting Payer Harmonization: The Provider Perspective

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Policy Projects relating to harmonization of payer requirements and processes

- Bringing Better Value – recommendations to Address the Costs and Causes of Administrative Complexity in the Nations Healthcare System, Healthcare Administrative Simplification Coalition (HASC), July 2009
- Healthcare Terminologies and Classifications: An Action Agenda for the United States, AHIMA & AMIA Joint Task Force, 2006
- Collecting and Reporting Data for Performance Measurements: Moving Towards Alignment, AHIMA & MGMA conveners for AHRQ, 2007

What these inquiries have in common

- Governance of policy and standards
- Sound and tested standards and guidelines
- Technology and process know-how
- Education
- Program evaluation for continuous improvement

Healthcare Administrative Simplification Coalition (HASC)

- Organized in 2005 AAFP, AHIMA, and MGMA to address administrative complexity and cost; the coalition today includes 14 organizations.
- Summit on Administrative Complexity – November 2008
 1. Simplify practitioner credentialing
 2. Improve the insurance eligibility process
 3. Standardize machine –readable health identification cards
 4. Standardize prior authorization processes

HASC Recommendations Regarding Practitioner Credentialing

- The Challenge: practitioners typically complete several separate credentialing processes each year. Verification process of practitioners' qualifications is critical, but costly. Today, more than 735,000 providers are in the CAQH database used by over 500 organizations.
 1. Full adoption of CAQH's* Universal Provider Datasource™ (UPD) for practitioner credentialing by public and private payers and hospitals.
 2. Link UPD with Medicare Provider Enrollment System (PECOS) so CMS becomes part of uniform solutions.
 3. CMS support adoption of UPD by state Medicaid agencies

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HASC Recommendations regarding Insurance Eligibility Processes

- The Challenge: Patient eligibility and benefits must be correctly identified for billing. Despite HIPAA and a standard solution, there is still a lack of CAQH's Committee on Operating Rules for Information Exchange (CORE) certification, there remains great variability in processes.
 1. Adopt voluntary certification with CAQH (CORE) Phase I and II rules by health plans, clearinghouses, and practice management systems and participate in CORE Phase III
 2. Develop and disseminate standardized materials to educate the provider community about the CAQH CORE Phase I and II rules, and CORE certification for vendors and practice management systems.
 3. Streamline implementation of new or substantially revised HIPAA standards by support of pilots that test standards prior to adoption.

HASC Recommendations regarding Machine - Readable Health Identification Cards

- The Challenge: Variability in card design and data content increases data error and rework in claims and administrative processes.
 1. Adopt machine-readable health ID cards compliant with WEDI Health Identification Card Implementation Guide
 2. Develop and disseminate low-cost software interface solutions for practice management and EHR vendors
 3. Pilot test use of machine –readable health ID cards for Medicare beneficiaries

Policy Recommendations regarding simplification of Prior Authorization Processes

- The Challenge: There is a wide variation in prior authorization requirements and criteria that cut across all types of services and treatments. Radiology and advanced imaging and pharmacy benefits offer significant opportunity for harmonization.
 1. Create incentives for health plans to adopt standard and transparent prior authorization processes that make full use of technology.
 2. Research the impact of prior authorization programs on cost-effectiveness and quality of care.
 3. Support e-prescribing national networks, such as SureScripts, in vendor, health plan and PBM products with a goal of achieving real time, patient-specific formulary access.

Healthcare Terminologies and Classifications: An Action Agenda for the United States, report of AHIMA – AMIA Joint Task Force, 2006

- The Challenge: US processes for developing, maintaining and deploying healthcare terminologies and classifications are uncoordinated and archaic and despite HIPAA, guidelines for use of systems are inadequate or inconsistently applied.
 - Reviewed the magnitude of the problems related to use of terminologies and classifications (T & C) in the US
 - Establish a vision and goals for the US
 - Outlined a set of research and policy needs

Healthcare Terminologies and Classifications: An Action Agenda for the United States: The Vision

- An effective national governance mechanism for the US that reflects the entire process including development, maintenance, and dissemination.
- US policy aligns with other countries and US actively collaborates and shares costs.
- There is a coherent set of policies and procedures for openness terminology and classifications systems, maps, and other essential tools.
- Transparency of process exists even when the developers maintain their own systems.
- Business process automation is implemented.

Healthcare Terminologies and Classifications: An Action Agenda for the United States

- Selected Recommendations:
 - Create a publicly funded research and development project to prepare specifications for coordinated solutions.
 - Develop a governance model for the central authority that is accountable to the needs of the end users and implementers, and also has accountability for the funding of the central authority.
 - Commit to the adoption of sound principles for operation of a terminology and classification standards development organization.

AHRQ Conference on Health Care Data Collection and Reporting – Collecting and Reporting Data for Performance Measurement

- 50 leaders from public and private healthcare organizations
- Goal: Create and adopt, within 5 years a core set of broadly acceptable standards and rules for healthcare data collection aggregation, and reporting of performance data.

Conference on Health Care Data Collection and Reporting – the data content perspective

- Public/ Private entity to oversee efforts to resolve:
 - Siloed view of health data
 - The cost of duplication
 - The need for data content standards
 - “Collect once and use many” principle
 - Data reliability and validity research and measurement, and
 - Standards for secondary use of health data with appropriate protections

References:

- *Bringing Better Value: Recommendations to Address the Costs and Causes of Administrative Complexity in the Nation's Healthcare System – HASC Summit on Administrative Simplification Final Report*
<http://www.simplifyhealthcare.org/repository/Documents/HASC-Report-20090717.pdf>
- *Healthcare Terminologies and Classifications: An Action Agenda for the United States – American Medical Informatics Association and American Health Information Management Association Policy Task Force*
http://library.ahima.org/xpedio/groups/public/documents/ahima/bok1_034273.pdf
- *AHRQ Conference on Health Care Data Collection and Reporting – Collecting and Reporting Data for Performance Measurements: Moving Towards Alignment*
http://healthit.ahrq.gov/portal/server.pt/gateway/PTARGS_0_1248_227079_0_0_18/AHRQ_DataReport_final.pdf

AHIMA – 501 c(6)

Mission: *AHIMA is the professional community that improves healthcare by advancing best practices and standards for health information management and is the trusted source for education, research, and professional credentialing.*

Founded in 1928 to improve the quality of medical records; 54,000 members; publishes the *Journal of AHIMA*

www.ahima.org

AHIMA Foundation – 501 c(3)

Mission: *The AHIMA Foundation provides leadership in health information policy and research for the healthcare industry and the public.*

Established 1962; supports the Institute for Policy and Research in Health Information Management, publishes peer reviewed e-journal *Perspectives in Health Information Management*; provides scholarships and other assistance to students and faculty in HIM academic programs.

<http://www.ahimafoundation.org>

