



WEDI May Town Hall

A thick red arrow pointing to the right, positioned horizontally across the middle of the slide.

Leanne Cardwell, Vice President, Development & External Relations
Ed Jones, Owner & CEO, Cornichon Healthcare Select, LLC
Jim Daley, Chairman

May 7, 2013

Agenda

- Recent Resources
- Educational Opportunities
- Upcoming Town Hall Events
- Guests: Ed Jones and Jim Daley
- Questions

Recent Resources

As of May, 2013:

- WEDI Unveils Roadmap for 2013 WEDI Report :
<http://www.wedi.org/news/press-releases/2013/04/17/wedi-unveils-roadmap-for-2013-wedi-report>
 - The full list of WEDI Report Executive Steering Committee members and biographies : <http://www.wedi.org/topics/2013-wedi-report>
 - WEDI Report Workgroups: <http://www.wedi.org/topics/2013-wedi-report>
- WEDI Provides Vital ICD-10 Industry Readiness Survey Results to CMS : <http://www.wedi.org/news/press-releases/2013/04/11/wedi-provides-vital-icd-10-industry-readiness-survey-results-to-cms>
- A “How To” for Reporting NDC in Health Care Claims Webinar: http://www.wedi.org/forms/store/ProductFormPublic/search?action=1&Product_productNumber=MISC-54
- EFT and ERA Enrollment Process White Paper: Coming Soon!

Educational Opportunities

Conferences & Online Learning

- **22nd Annual WEDI National Conference: Accelerating Health IT Strategy & Execution** Monday, May 13 - Thursday, May 16, 2013 at The Venetian Hotel in Las Vegas, Nevada Register at:
<http://www.wedi.org/forms/meeting/MeetingFormPublic/view?id=2111200000237>
- **WEBINAR: WEDI Regional Affiliate Meeting: HIPAA Myths** Monday, June 10, 2013 from 3:00-4:00PM ET:
<http://www.wedi.org/forms/meeting/MeetingFormPublic/view?id=2A8560000019E>
- **WEDI ICD-10/HPID Implementation Excellence Forum** Monday, July 22 - Thursday, July 25, 2013 at The Fairfax Marriott at Fair Oaks in Fairfax, Virginia Register at:
<http://www.wedi.org/forms/meeting/MeetingFormPublic/view?id=2191A0000028D>
- **ICD-10 End-to-End Testing Webinar Series: Successful Strategies & Practical Advice** June 7, 14, 21, 28 – Stay tuned for further details!
- **WEDI Fall Conference** November 18 - November 21, 2013 at the Gaylord National Hotel and Convention Center, National Harbor Maryland:
<http://www.wedi.org/forms/meeting/MeetingFormPublic/view?id=2191A00000323>

WEDI Town Hall Events

Keep Up to Date

Please join us in June for our next Town Hall webinar with an Omnibus update! The date and time will be released to WEDI members as soon as it is finalized.

If you are interested in presenting on a WEDI Town Hall webinar please contact Sam Holvey at sholvey@wedi.org



Town Hall WEDI Report 2013

A thick red arrow pointing to the right, spanning across the width of the slide.

*Jim Daley, Chairman, WEDI; Director, IT Risk & Compliance,
BlueCross BlueShield of South Carolina*

*Ed Jones, Owner & CEO, Cornichon Healthcare Select, LLC;
Past Chairman, WEDI*

May 14, 2013

Agenda

- Background
- 1992 and 1993 WEDI Reports
- Current State of the Industry
- 2013 WEDI Report
- Q&A / Feedback



Background

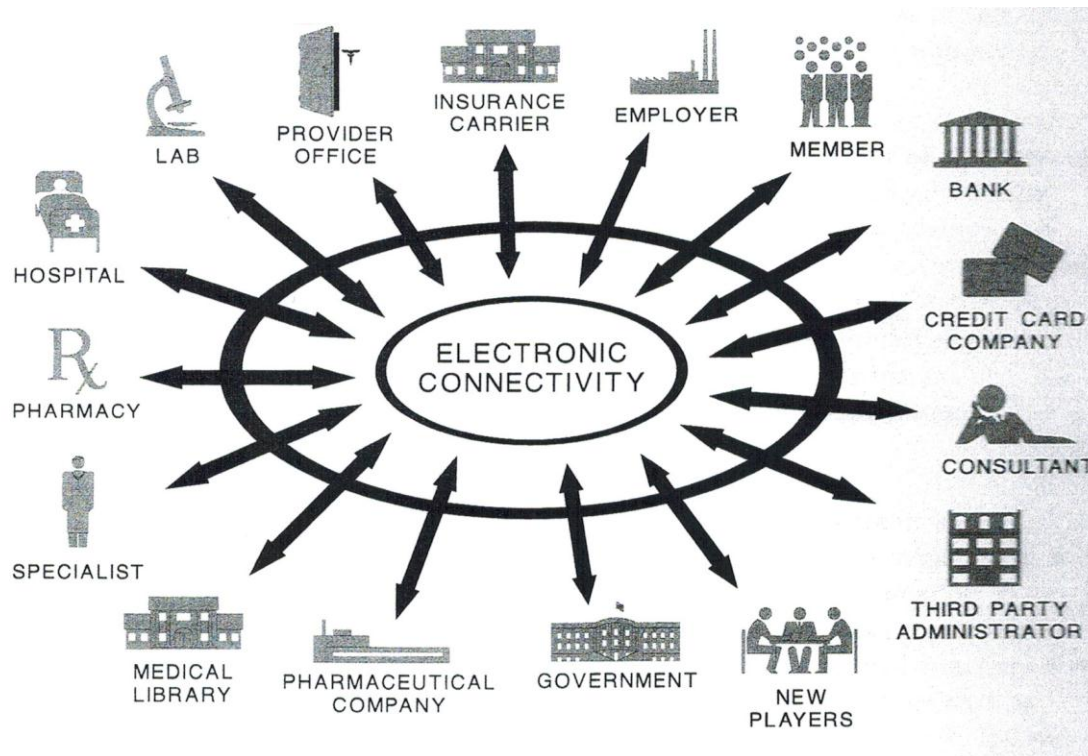


A Brief History

- 1991 Formation of WEDI
- 1992 and 1993 WEDI Reports
- 1996 HIPAA Law – WEDI named as advisor
 - HIPAA Regulations
- 2009 & 2010 Subsequent Legislation
 - ARRA / HITECH Act; PPACA
- 2012 WEDI Executive Advisory Council Meeting (September 13)
 - Recommendation: Resulted in 2013 WEDI Report
- 2013 RFQ
 - Selected Cornichon Healthcare Select, LLC
- 2013 WEDI Report Executive Steering Committee Meeting (April 2)
 - Leaders from private industry and government

Does This Look Familiar?

- This chart was in the original vision for healthcare information exchange as presented in the 1993 WEDI Report



Why Now?

- The Problem: Despite our collective efforts to leverage technology to enhance the exchange of healthcare information, **inefficiencies continue** to plague the system of healthcare, resulting in wasted money and impeding quality of care.
- The Opportunity: The changing healthcare landscape and technology advances open up **new opportunities** for improvement. We recognize that private industry and government must be partners in order to get to the desired state.
- As we accomplished in 1993, we've asked the industry to come together to **create a new roadmap** that will drive the future of healthcare information exchange and usage in a way to truly make the system more efficient and to enhance the quality of care.

Why WEDI?

- WEDI was started at the behest of The Honorable Louis W. Sullivan, M.D., in order to bring stakeholders together to solve these very problems. WEDI was named in the HIPAA legislation as an advisor to the Secretary of HHS on matters of healthcare information exchange.
- Simply put, WEDI was made for this purpose: to bring industry together, to solve healthcare information exchange challenges, and then help industry effectively implement the solution.



Overview of the 1992 and 1993 WEDI Reports



WEDI Vision & Report Process

Setting the Stage – The 1992 Report

- Started in 1991 by Bernard Tresnowski of BCBSA and Joseph Brophy of Travelers based upon meeting and charge by then HHS Secretary Louis W. Sullivan, M.D., to develop a report on Administrative Simplification
- WEDI Vision: “The healthcare industry would conduct all business electronically, using one set of standards and interconnecting networks”
- Steering Committee was formed comprised of public and private sector broad-based representation of payers, providers, federal government (Medicare & Medicaid) and other stakeholders
- In July 1992, WEDI presented first report to Secretary Sullivan focused on aggressive goals to propel the industry toward the use of EDI. Reduce the 450+ claim forms in use to a singular set of transactions. Fostered a public-private sector partnership to achieve goals
- WEDI participation increased 500% from 1992 to 1993
- 5,000 copies of the 1992 WEDI report were distributed
- WEDI Representatives met with members of President Clinton’s HC Reform Task Force and key Congressional staff

1993 Follow-up Report

Organizing for the 1993 Report

- 11 Technical Advisory Groups (TAGs) formed:
 - Standards Implementation and Uniform Data Content
 - Network Architecture and Accreditation
 - Confidentiality and Legal Issues
 - Unique identifiers for the HC Industry
 - Education and Publicity
 - Short-Term Strategies
 - State/Federal Role
 - Financial Implications
 - Coordination of Benefits
 - HC Fraud Prevention and Detection

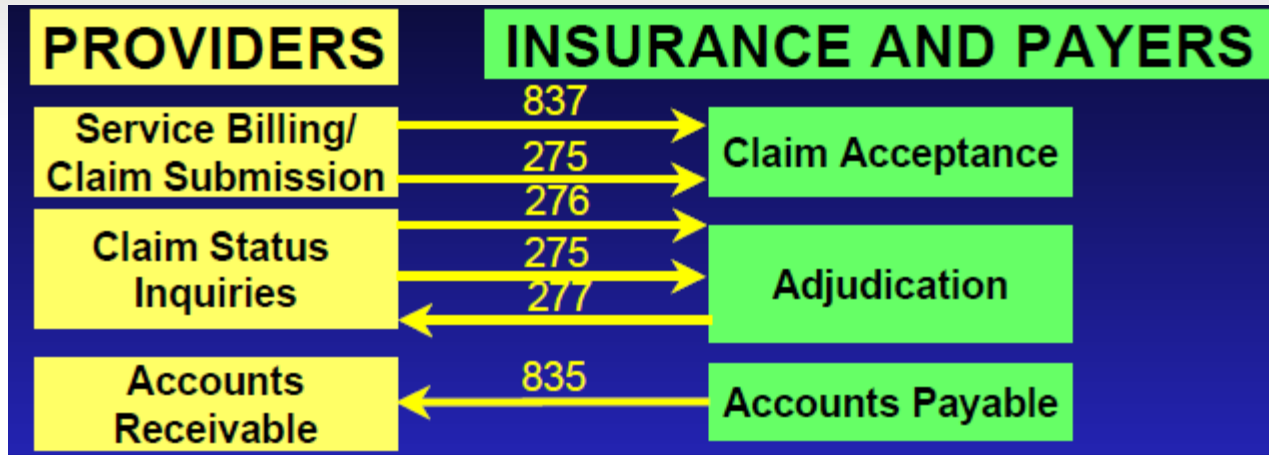
- Implementation Guides were developed and distributed in parallel on the EDI transactions

WEDI Report Recommendations

1992 & 1993 Report Recommendations Carried Out

- ASC X12N approved standardized healthcare claim and eligibility transactions
- ASC X12N established new workgroups to develop other standards required by the HC industry
- HCFA (now CMS) initiated the use of claim and claim payment transactions for Medicare consistent with the ASC X12 standards
- The private sector began developing EDI Implementation Guides, including several for the Health Industry Business Communications Council
- Efforts toward standardizing data content increased
- EDI awareness and participation heightened

The EDI Transactions



837 – Health Care Claim/COB (3 types) Institutional, Professional, Dental

Retail Pharmacy Drug Claim: NCPDP

270/271 – Health Care Eligibility Benefit Inquiry and Response

276/277 – Health Care Claim Status Request and Response

278 – Health Care Services Review

820 – Payroll Deducted and Other Group Premium Payment for Insurance Products

834 – Benefit Enrollment and Maintenance

835 – Health Care Claim Payment/Advice

WEDI Outcome (Setting the Stage)

Standard	Notice of Proposed Rule Making (NPRM)	Final Rule Publication	Compliance Required
Transactions & Codes Sets	05/07/1998	08/17/2000; 02/20/2003 (modifications)	10/16/2003 - with extension
National Provider Identifier	05/07/1998	01/23/2004	05/23/2007 (2008<\$5M)
National Employer Identifier	06/16/1998	05/31/2002	07/30/2004 (2005<\$5M)
Security	08/12/1998	02/20/2003	04/20/2005 (2006<\$5M)
Privacy	11/03/1999	12/28/2000; 08/14/2002 (modifications)	04/14/2003 (2004<\$5M)



Current State of the Industry



How We Started

- Health Insurance Portability and Accountability Act of 1996 (HIPAA) Administrative Simplification enacted in August 1996:

- Federal Regulations for covered entities who transmit any health information in electronic form in connection with a covered transaction)—Final Rules
 - Transactions and Code Sets (Compliance Date: October 16, 2003; January 1, 2012)
 - Privacy Standards (Compliance Date: April 14, 2003)
 - National Employer Identifier (Compliance Date: July 30, 2004)
 - Security Standards (Compliance Date: April 20, 2005)
 - National Provider Identifier (Compliance Date: May 23, 2007)
 - Enforcement (Compliance Date: March 16, 2006)

Built On Top of HIPAA

- Health Information Technology for Economic and Clinical Health Act (HITECH Act) enacted February 17, 2009, as part of American Recovery and Reinvestment Act of 2009.
- Federal Regulations for covered entities **and** business associates
- The following chart provides a history of HITECH Act regulations

Regulation	Compliance Date
Breach Notification Interim Final Rule	(Effective date of September 23, 2009, for breaches occurring on or after that date, with enforcement commencing for breaches occurring on or after February 22, 2010)
Enforcement Interim Final Rule	Effective date for violations occurring on or after February 18, 2009
Establishment of Temporary Certification Program for Health Information Technology	Final Rule: Effective date is publication date, June 24, 2010
Health Information Technology: Initial Set of Standards, Implementation Specifications, and Certification Criteria for Electronic Health Record Technology	Final Rule: Effective date, August 27, 2010
Medicare and Medicaid Programs: Electronic Health Record Incentive Program	Final Rule: Effective date, September 27, 2010
Establishment of the Permanent Certification Program for Health Information Technology	Final Rule: Effective date, February 7, 2011
Adoption of Operating Rules for Eligibility for a Health Plan and Health Care Claim Status	Interim Final Rule: Effective date, June 30, 2011; Compliance date, January 1, 2013 (delayed enforcement until March 31, 2013)
Health Information Technology: Standards, Implementation Specifications, and Certification Criteria for Electronic Health Record Technology, 2014 Edition; Revisions to the Permanent Certification Program for Health Information Technology	Final Rule: Effective date, October 4, 2012
Health Information Technology: Revisions to the 2014 Edition Electronic Health Record Certification Criteria; and Medicare and Medicaid Programs; Revisions to the Electronic Health Record Incentive Program	Interim Final Rule, Effective date, January 7, 2013
Modifications to the HIPAA Privacy, Security, Enforcement, and Breach Notification Rules Under the HITECH Act and the Genetic Information Nondiscrimination Act; Other Modifications to the HIPAA Rules	Published January 25, 2013; Effective date, March 26, 2013; Compliance date, September 23, 2013

Technology Has Changed

- Pervasive use of **Internet** for accessing information
- Pervasive use of **mobile devices** (e.g. smart phones & tablets) for creating, receiving, maintaining and transmitting information
- Growing use of **Cloud Technology** for information maintenance and storage
- Growing need to safeguard information from ***Malware / Hackers***

Top 'Go Forward' Objectives

- Better care / quality
- Lower cost
- Prevention / population health
- Expanded coverage
- Decrease waste
- Increase efficiency
- Patient safety
- Patient empowerment
- Removing silos
- Overall excellence

Removing Barriers & Leveraging Accelerators



- **What are the most critical barriers that must be overcome related to healthcare information exchange (creates, receives, maintains, and transmits), application of technology, healthcare informatics, and business & clinical analytics to solve by 2020?**

Typical Barriers & Accelerators

Barriers	Accelerators
Understanding the Problem	Economic
Fragmentation	Impact
Resources	Clarity (Problem, Purpose, Role)
Infrastructure	Infrastructure
Priorities	Alignment
Scope	Commitment

2013 WEDI Report

Roadmap to 2020 and Beyond

We've got to move away from "No, because...."

to

"We can, if...."



The 2013 WEDI Report



Building a Roadmap Forward

2020 and Beyond

- We've got the tools and emergent technologies.
- We've got business decision-makers at the table.
- We've got government decision-makers at the table.
- We've got to foster business-government collaboration.
- We've got to identify barriers to success and eliminate them.
- We've got to identify win-win healthcare-stakeholder-collaborative solutions and accelerate their implementation.
- We've got to make healthcare exchange WORK for healthcare business and government stakeholders—and the patient.
- We've got to **electronically get the right data to the right place(s) at the right time.**

This is a call to action on the 20th anniversary of the first WEDI Report for the healthcare industry to come together again to create the 2013 WEDI Report roadmap and then to implement it.

2013 WEDI Report

Scope & Schedule

- Project Duration: March 11 - October 31, 2013
- Public announcement in mid-December 2013
- Key Milestones:

Milestones	Task	Date
Segment 1	Initiation and enablement of four workgroups	March 11-April 5
Segment 2	Workgroups meet and follow common agenda	April 11-July 26
Checkpoint 1	Steering Committee Conference Call	June 5
Segment 3	Survey of industry stakeholders	July 29- September 13
Checkpoint 2	Steering Committee Face-to-Face Meeting	August 6
Segment 4	Draft of 2013 WEDI Report and Review By Steering Committee & WEDI Board	September 16- October 31

2013 WEDI Report

Workgroups

- **Patient Enablement**
 - Enable patient engagement by developing and evaluating methods for identifying patients uniquely, creating and updating capabilities of electronic patient history and evidence of benefits, and improving patient access to, trust in, and usability of electronic healthcare data.
- **Payment Models**
 - Evaluate methods to enhance the current fee-for-service delivery model to derive greater efficiencies. Evaluate attributes of alternative payment models for delivering value by associating cost and quality of service delivery to price (e.g., better care at lower cost), and outline a core set of business, information, and exchange requirements.
- **Data Harmonization & Exchange.**
 - Identify factors that impede alignment of administrative simplification, meaningful use, and clinical code set standards and exchange (e.g., complexity, information fragmentation, and program silos), and ways to achieve better alignment of each that will add value to the healthcare system and business processes at lower cost.
- **Innovative Encounter Models.**
 - Evaluate business cases and return on investment (ROI) for innovative encounter models (e.g., electronic visits and communication, electronic monitoring, telemedicine) using existing and emergent technologies that will foster enhanced collaboration between patients and providers at a lower cost and with increased value, and compare characteristics to in-person patient encounters

2013 WEDI Report: Common Framework

Analytical Framework

- ***Healthcare Stakeholder Lessons Learned, 1993-2013***
 - Barriers to Success
 - Critical Issues Resolved
 - Critical Issues Unresolved
- ***Healthcare Stakeholder Business Case for Electronic Information Exchange***
 - Business Rules and Compliance
 - Privacy & Security
 - Education & Technical Literacy
 - Need for Federal Regulation & Enforcement
 - Innovation
 - Return on Investment (ROI)
- ***Action Needed for Success***
 - Industry and Regulatory Requirements
 - Avoidance of Barriers
 - How Can Success be Accelerated
 - How Can Success be Measured (e.g., metric requirements)
 - What are Incentives for Enhanced Stakeholder Cooperation
 - Identifying and Implementing Productive Innovation
- ***Prioritized Suggested Solutions***
 - Short term wins (2014-2016)—3
 - Longer term wins (2017-2020+)—3

2013 WEDI Report Participation

● 2013 WEDI Report Game Plan Comments and How You Can Help.

1. Consider your top business issues
2. What are the specific issues you need to have solved or barriers to address under the four workgroups?
 - Patient enablement
 - Payment models
 - Data harmonization & exchange
 - Innovative encounter models
3. How you can help. [contact sholvey@wedi.org]



QUESTIONS?

