

Advocacy and Public Policy Steering Committee

Off-Site Meeting

September 22, 2009

HIMSS Government Relations in 2009 and Beyond

September 22, 2009



What is Advocacy?

Advocacy is the “ability to plead in favor of; support or urge by argument; recommend publicly”

Advocacy is the art of strategically leveraging the best that HIMSS has to offer to successfully influence public policy to improve healthcare for all.



Then What is Public Policy?

A set of laws or regulations that results from the actions or lack of actions of governmental entities, decisions and non-decisions as it implies a very deliberate choice between alternatives.



Then What is Lobbying?

- **Lobbying** is the practice of influencing decisions made by government. It includes all attempts to influence legislators and officials, whether by other legislators, constituents or organized groups.
- A **lobbyist** is a person who tries to influence legislation (or regulation) on behalf of a special interest (HIMSS)

Then What is Government Relations?

- Monitor and analyze congressional legislation and federal regulations
- Take positions on legislation and regulations
- Provide education, outreach and networking to key decision-makers and our members
- Equip our members with opportunities to advocate
- Provide public policy communications

IRS Lobbying Rules

- HIMSS does calculate a fraction of our dues that are not deductible because they are spent on IRS defined “lobbying activities”
- HIMSS Finance, Member Relations and Government Relations works with Executive Management Team to calculate this amount
- On an annual average, 4 – 8% of our members’ dues are spent on IRS defined activities

Capitol Hill Lobbying Rules

- HIMSS is not a registered lobbyist
- Only those who spend 20 percent or more of their time over a six-month time-frame on lobbying activities need to register
- HIMSS Government Relations is tracking the amount of time each employee spends on defined activities in either the Executive or Legislative Branches

What Does HIMSS Do Then?

- If HIMSS is not a registered lobbyist and we do declare a fraction of our dues paid for IRS defined activities, what does HIMSS Government Relations department do?

History of HIMSS Advocacy

- **February 1998** – Advocacy Task Force launched by HIMSS Board under direction of Board Vice Chair (Colonel) Rosemary Nelson to explore whether HIMSS should be involved in advocacy and public policy activities – Response to HIPAA
- **April 1998** – Advocacy Task Force report presented to Board
- **February 2000** – HIMSS Board of Directors approved new advocacy initiated by a narrow margin
- **July 2002** – Dave Roberts hired as Advocacy consultant on part-time basis
- **August 2003** – Tom Leary hired as first full-time advocacy employee
- **April 2004** – HIMSS office opened in Alexandria, VA
- **July, 2004** – “Advocacy Committee” elevated to Steering Committee level, and renamed “Advocacy & Public Policy Steering Committee”

History of HIMSS Advocacy (cont.)

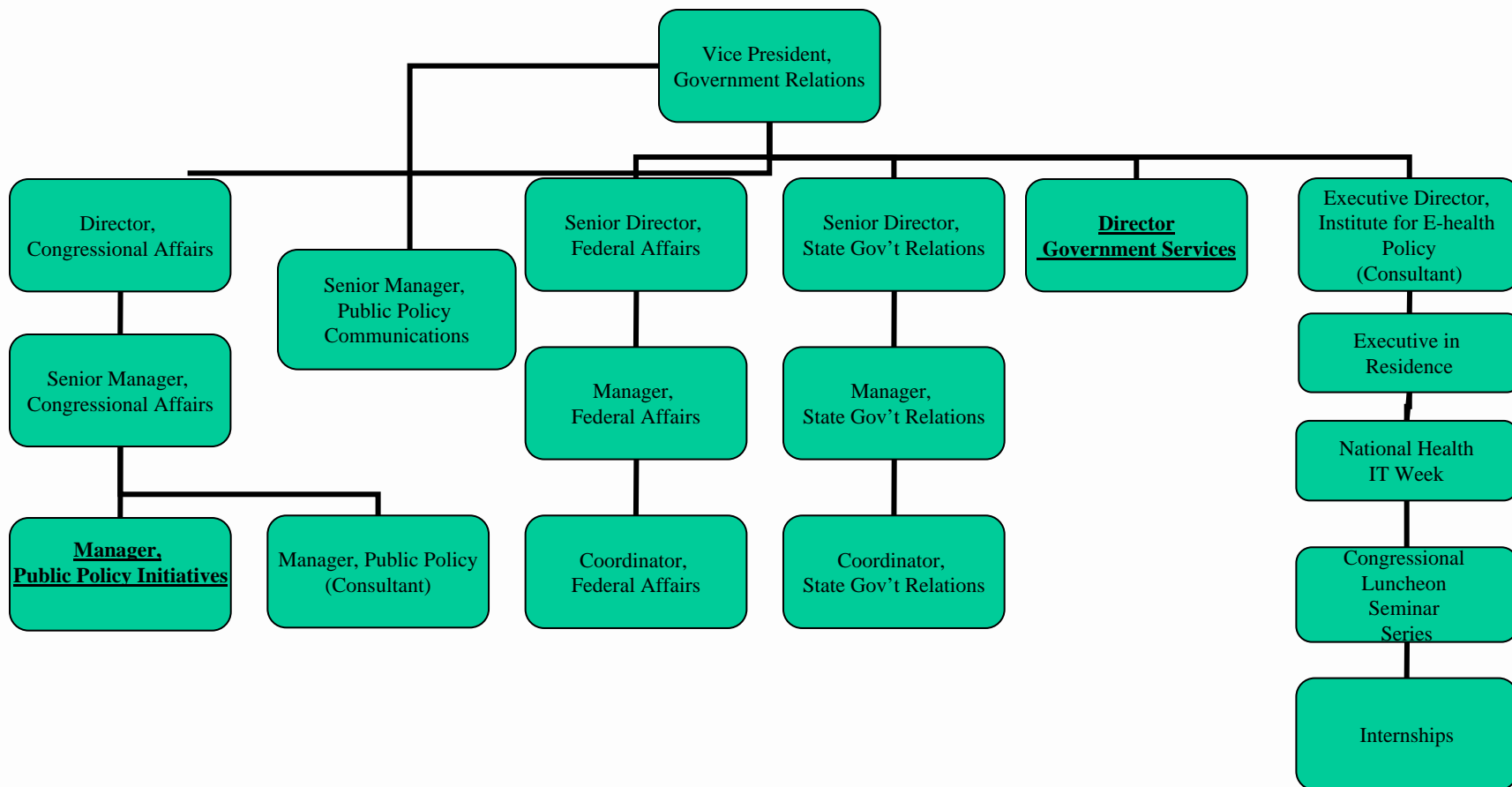
- **June 2005** – Launched National Health IT Week initiative
- **October 2005** – Tom Keefe hired as 1st Director of State Government Relations
- **July 2006** – HIMSS advocacy budget surpasses \$1M and staff at 7 FTEs plus Manager of Public Policy Communications
- **January 2007** – HIMSS Arlington Office opens!
- **February 2008** – Began offering Government Relations services to other associations
- **March 2008** – Launched Executive on Loan Program
- **May 2008** – Launched HIMSS Foundation's Institute for e-Health Policy
- **September 2008** – Added Director of Congressional Affairs and Manager of Federal Affairs
- **September 2009** – Added Director of Government Services and Manager of Public Policy Initiatives

The HIMSS Advocacy Team

- Board of Directors – **Set Policy**
- Advocacy & Public Policy Steering Committee (A&PPSC) –
Make recommendations
 - 13 voting members – 2 year terms
 - 4 non-voting members (CHIME, ME/PI Community, Federal Health Community and NACHC)
 - 3 Board Liaisons (Burde, Keeler and Paramore)
- HIMSS Government Relations Roundtable (HGRR)
- Chapter Advocacy Roundtable (CAR)
- Legislation/Regulation Review Task Force (LRRTF)
- Individual members and staff



Government Relations Team



Government Relations Team

- **Dave Roberts, MPA, FHIMSS** (Vice President, Government Relations)
 - Congressional Affairs Team
 - Federal Affairs Team
 - State Government Relations Team
 - Government Services, Payer and Life Sciences Initiatives
 - Public Policy Communications
 - Institute for e-Health Policy

Congressional Affairs Team

- **K. Meredith Taylor, MPH** (Director, Congressional Affairs)
 - Staff liaison for Advocacy & Public Policy Steering Committee
 - Staff liaison for Healthcare Reform Using HIT Work Group
 - EHRA Government Services Contract POC
 - Congressional Affairs strategy
 - Liaison for National Health IT Week
- **Blair Hedgepeth, CPHIMS, FHIMSS** (Senior Manager, Congressional Affairs)
 - Staff liaison for Legislation/Regulation Review Task Force
 - Friday HIT Group Manager
 - Liaison with Institute for e-Health Policy congressional luncheon seminar series
 - Government Relations at U.S. Conference
 - Capitol Hill Visit Manager
- **Wayne Humphries** (Manager, Public Policy Initiatives)
 - National Health IT for Underserved Policy Workgroup Manager
 - Manager, Congressional Luncheon Seminar Series
 - Institute for e-Health Policy website oversight
 - Capitol Hill Visits Manager

Federal Affairs Team

- **Tom Leary, MA, FHIMSS** (Sr. Director, Federal Affairs)
 - Liaison with Executive Branch
 - Liaison with Diamond Corporate Members/Government Relations
 - HIMSS Government Relations Roundtable (HGRR) Staff Liaison
 - Staff Lead for Public Policy Forum/GHIT Government Relations Activities
- **Jonathan French** (Manager, Federal Affairs)
 - Support HGRR Activities
 - Executive Branch Outreach (HHS agencies)
 - Staff Liaison to Federal Health Community
 - GR Team Budget POC
 - Support Federal Affairs Activities at Annual Conference
- **Stephanie Tsoucalas** (Coordinator, Federal Affairs)
 - HIMSS Government Relations Roundtable Coordinator
 - Federal Health Community Coordinator
 - Public Policy Forum/GHIT Government Relations Coordinator
 - Federal Register Monitor

State Government Relations Team

- **Tom Keefe, MA** (Senior Director, State Government Relations)
 - Chapter Advocacy Liaison Roundtable (CALR) Staff Liaison
 - Liaison with National Conference of State Legislatures (NCSL), National Governors Association (NGA) and National Association of State CIOs (NASCIO)
 - Project HITCh (Health Information Technology Champions)
 - Assist Chapters prepare for State Advocacy Days
 - Plan and facilitate SGR activities at the HIMSS Annual Conference
 - EPIC POC
- **Carol Rowland, MA** (Manager, State Government Relations)
 - Support CALR Activities
 - Support collaboration with outside organizations such as NCSL and NASCIO
 - Support facilitation of SGR activities at the US Annual Conference
 - Support state officials as HIMSS State Government Members
 - JPHIT POC
- **Arnol Simmons** (Coordinator, State Government Relations)
 - Chapter Advocacy Liaison Roundtable (CALR) Coordinator
 - Project HITCh Coordinator
 - HIT State Dashboard
 - Minority Business HIT Roundtable Coordinator

Government Services Team

- **Shelley Price Fichtner** (Director, Government Services)
 - Government Services Contracts
 - Payer Initiative
 - Life Sciences Initiative

Institute for e-Health Policy/ Public Policy Communications

- **Neal Neuberger** (Executive Director, Institute for e-Health Policy)
 - Capitol Hill Steering Committee on Telehealth and Healthcare Informatics Seminars
 - National HIT Collaborative for the Underserved
 - Executive in Residence Program
 - Internship Programs
 - National Health IT Week
- **Kathie Westpheling, MPH** (Manager, Public Policy)
 - Supports CHIME Government Relations services contract
 - HIMSS Arlington Intern Manager
 - Underserved Communities SME
- **Dennis Porter** (Executive in Residence)
 - Federal Health Gateway project
 - Northrop Grumman Executive on loan to HIMSS Foundation
- **Elinore Boeke** (Public Policy Communications)
 - Editor, *HIMSS Pulse on Public Policy* eNewsletter
 - Responsible for testimony, position statements, written materials, and public relations in D.C. area

Institute for e-Health Policy: Transforming Policy into Practice

- Launched in May 2008 under HIMSS Foundation
- Neal Neuberger serving as 1st Executive Director
- Complimenting services of HIMSS Government Relations Department
- Key Projects
 - Capitol Hill Steering Committee on Telehealth and Healthcare Informatics Seminars
 - National HIT Collaborative for the Underserved: A Public/Private Partnership for a Healthier America in conjunction with U.S. Department of Health and Human Services
 - Executive in Residence Program
 - College Undergraduate and Graduate Internship Program – 2 interns per semester, 3 times per year
 - Georgetown University Medical School Service Learning Program
 - UC Berkeley Externship Program
 - National Health IT Week

Key Advocacy Events

HIMSS U.S. Conference Slogan and Outreach Efforts

- “National Support, Local Impact”
- Advocacy Breakfast
- Federal and State Forums
- Project HITCh

HIMSS Chapter Events

- Chapter Advocates
- Sponsoring discussions or visits for Federal and State officials
- Facilitating State Advocacy Days

HIMSS National Events

- HIMSS Policy Summit and Advocacy on Capitol Hill – Established in April 2002
- Public Policy Forum at GHIT – Established in September 2003
- National Health IT Week – Established in June 2006
- Congressional Luncheon Seminar Series – HIMSS joined in 2003
- Testimony opportunities/Collaborative Friday HIT Group/Congressional Office Visits

Advocacy Tools and Resources

- Legislative Action Center on HIMSS website
 - Fact Sheets and Position Statements
 - State HIT Dashboard
 - Federal Legislation Crosswalk
 - Legislation Comparison Crosswalks
 - Advocacy Award – Established in 2002
 - advocacy@himss.org
 - *Congress At Your Fingertips* Resource Guide
 - Trend TRACK-Legislative E-mail updates
 - D.C. area office
 - *HIMSS Pulse on Public Policy* – Established in 2004
- Blue Font = Won National Awards

Come Visit Us!

HIMSS Government Relations Team

David W. Roberts, FHIMSS, Vice President, Government Relations, 703-562-8811

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QUESTIONS?

Advocacy and Public Policy Steering Committee

Off-Site Meeting

September 22, 2009

We Codified the ONC, Secured Incentives for Health IT, Now What?

K. Meredith Taylor, MPH
Director, HIMSS Congressional Affairs
September 22, 2009

Agenda

- Background on the ARRA
- Next Steps with Healthcare Reform
- Future Health IT Policy
- Thoughts from the Group

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Background on the ARRA

ARRA

- February 17, 2009, President signs into law the **American Recovery and Reinvestment Act of 2009 (ARRA) or PL 111-5**, providing over \$30 billion for health IT, referred to by many as a **“foundation for healthcare reform”**
 - \$2 billion for the Office of the National Coordinator (ONC)
 - Over \$30 billion in incentives through Medicare and Medicaid
 - Codification of the ONC
 - Establishment of 2 Federal Advisory Committees
 - Grants and Loans to Foster the Use of Health IT
 - New privacy and security provisions
 - ARRA viewed as the first step towards healthcare reform

Defining “Meaningful Use”

- Basic requirements for meaningful EHR use:
 - Use of certified EHR technology
 - In a meaningful manner
 - Information exchange
 - Reporting
 - Demonstration
- HHS is required to seek to improve the use of EHRs and health care quality by requiring more stringent measures of meaningful use over time
- HHS will seek public comment on a definition for meaningful use

“Meaningful Use” Activities

STEP 1 – June 16-26th: Public Comment on HIT Policy Committee Draft Definition

STEP 2 – July 16: HIT Policy Committee submits recommendations to HHS (CMS and ONC)

STEP 3 – December 2009: CMS publishes Notice of Proposed Rulemaking – Proposed Rule on Meaningful Use

STEP 4 – 30 to 60 days after Step 3 Initiated: Public Comment on Proposed Rule. Submit to CMS

STEP 5 – Winter/Spring 2010: CMS Posts Final Rule on Meaningful Use

“Meaningful Use” Activities

STEP 1 – June 16-26th: Public Comment on HIT Policy Committee Draft Definition

- Objectives released by the Policy Committee:
 - Allow patients to access clinical information;
 - Comply with state and federal privacy, security and data sharing regulations;
 - Document patient progress and provide clinical summaries;
 - Exchange critical information with other care providers;
 - Implement drug interaction safeguards;
 - Send patient reminders about follow-up and preventive care;
 - Submit immunization and laboratory data to relevant public health registries; and
 - Use computerized physician order entry systems to transmit prescriptions.

“Meaningful Use” Activities

STEP 1 – June 16-26th: Public Comment on HIT Policy Committee Draft Definition

- HIMSS response:
 - HIMSS concern that the Committee does not distinguish clearly enough between hospitals and physician practices
 - HIMSS definitions include a progression of measures for each setting – hospitals and physician practices.

“Meaningful Use” Activities

STEP 1 – June 16-26th: Public Comment on HIT Policy Committee Draft Definition

- HIMSS Response:
 - Recognize CCHIT as the certifying body of EHRs.
 - Adopt metrics that can be reasonably captured and reported beginning in FY11/2011,* and then made increasingly stringent using intervals of not less than two years.
 - Coordinate with HITSP and IHE to create new harmonized standards and implementation guides.
 - Reconcile the gap between “certified EHR technologies,” “best of breed,” and “open source” technologies.

“Meaningful Use” Activities

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“Meaningful Use” Activities

STEP 2 – July 16: HIT Policy Committee submits recommendations to HHS (CMS and ONC)

- Enabling health reform, focusing on outcomes instead of technology, balancing timelines and capabilities, and ARRA requirements
- Shift away from a year-based requirement to an adoption-year
- Refer to handout

“Meaningful Use” Activities

STEP 2 – July 16: HIT Policy Committee submits recommendations to HHS (CMS and ONC)

- Meaningful Use criteria is organized into adoption years
- Health Outcomes Policy Priorities include:
 - Improve quality, safety, efficiency, and reduce health disparities
 - Engage patients and families
 - Improve care coordination
 - Improve population and public health
 - Ensure adequate privacy and security protections for personal health information

“Meaningful Use” Activities

STEP 2 – July 16: HIT Policy Committee submits recommendations to HHS (CMS and ONC)

- 2011 Objectives: Goal is to electronically capture in coded format and to report health information and to use that information to track key clinical conditions
- 2013 Objectives: Goal is to electronically capture in coded format and to report health information and to use that information to track key clinical conditions
- 2015 Objectives: Goal is to achieve and improve performance and support care processes and on key health system outcomes

“Meaningful Use” Activities

STEP 2 – July 16: HIT Policy Committee submits recommendations to HHS (CMS and ONC)

- HIT Policy Committee accepted the recommendations and transmitted them to the **National Coordinator**.
- ONC worked to edit recommendations and forwarded them to the **Centers for Medicare and Medicaid Services**

“Meaningful Use” Activities

STEP 1 – June 16-26th: Public Comment on HIT Policy Committee Draft Definition

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“Meaningful Use” Activities

STEP 3 – December 2009: CMS publishes Notice of Proposed Rulemaking – Proposed Rule on Meaningful Use

- HIMSS members can anticipate an opportunity to offer public comments on the Meaningful Use Proposed Rule by **December, 2009**, with a Final Rule established in early 2010.

“Meaningful Use” Activities

Roadmap

- Develop process for updating meaningful use objectives and measures
 - Tag 2011 measures relevant to specialties
- Conduct informational hearings to inform 2013 and 2015 criteria development
- Update 2013 and 2015 criteria
- Work with HIT Standards Committee to ascertain availability of relevant standards
- Refine 2013 meaningful use criteria
- Assess industry preparedness for meeting 2011 and initial 2013 meaningful use criteria

Defining “Certified” EHR Technology

- Includes patient demographic and clinical health information, such as medical history and problem lists, and has the capacity to:
 - Provide clinical decision support
 - Support physician order entry
 - Capture and query information relevant to health care quality
 - Exchange electronic health information with, and integrate such information from, other sources
- Certified as meeting specified standards
- **Anticipate “certified” and interim final standards by December 2009**

Privacy and Security Provisions

- Breach Notification
 - establishes a federal security breach notification requirement for breaches of health information that has not been made unusable, unreadable, or indecipherable
 - requires that an individual be notified if there is an unauthorized access, disclosure or use of their health information
 - requires notification to Sec HHS if more than 500 records
- Accounting of Disclosures
 - gives patients the right to request an accounting of disclosures of their health information made through an electronic health record
- Business Associates
 - HIPAA BAs (specifically including PHR vendors, RHIOs, HIEs) are now *directly* covered by HIPAA and are subject to the same privacy and security rules as providers and health insurers

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Next Steps with Healthcare Reform

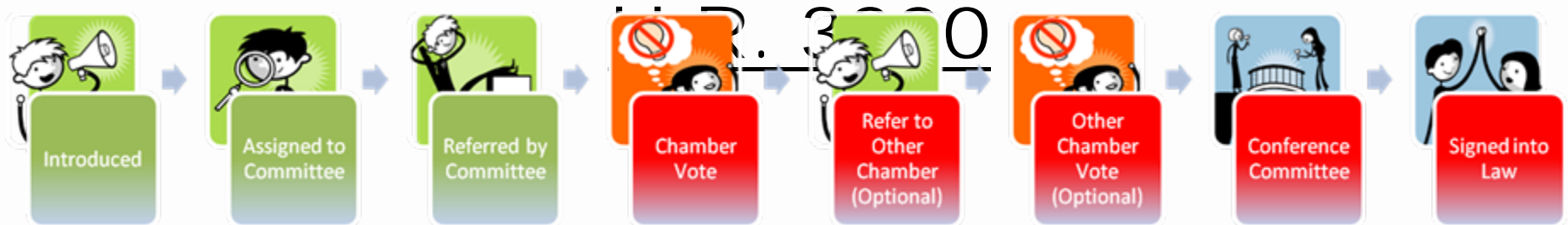
Healthcare Reform

- ARRA, a “foundation for healthcare reform”
- The “Affordable Health Choices Act”, versions approved by:
 - Senate Health, Education, Labor, and Pensions (HELP) Committee
 - House Energy and Commerce, Ways and Means, and Education and Labor Committees (H.R. 3200)
- The “American’s Healthy Future Act”, in mark-up by the Senate Finance Committee

Affordable Health Choices Act of 2009, H.R. 3200

- Legislation would:
 - Establish a public health insurance option and a health insurance exchange
 - Establish many provisions that aim to leverage health IT to improve the efficiency of healthcare
- Health IT related provisions address such issues as administrative simplification, testing incentive models that reduce the growth of healthcare spending and improve health outcomes, and a new Bureau of Health Information

Affordable Health Choices Act of 2009,

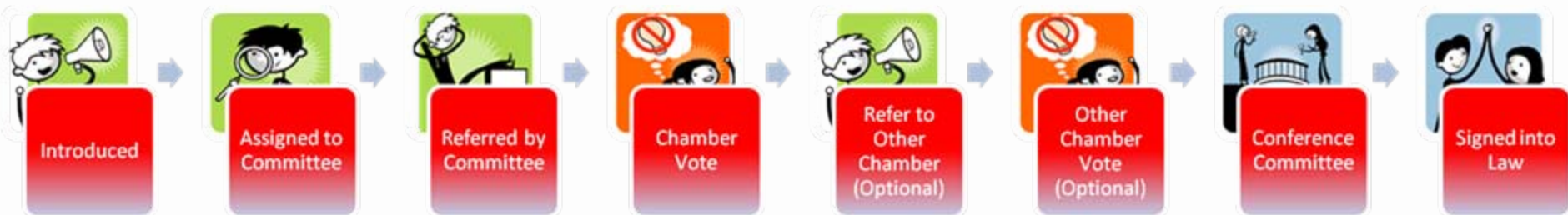


- Introduced as legislation on July 14th in the House
- Referred to three committees: Energy and Commerce, Ways and Means, and Education and Labor.
- Committees held mark-ups to add additional amendments to the legislation.
- The mark-ups have been finalized and the bill was reported by the committees on July 31st.
- Democratic leaders hoping to hold a vote this Fall in the House

Affordable Health Choices Act, Senate HELP Committee

- Senate HELP Committee's Legislation, the Affordable Health Choices Act, would:
 - Establish state-based health insurance exchanges through which individuals and small businesses could purchase coverage
 - Build upon health IT provisions included in the ARRA and leverage health IT to improve healthcare delivery and outcomes
- Provisions related to health IT surround such issues as administrative simplification, a national strategy for quality improvement, and primary care training

Affordable Health Choices Act, Senate HELP Committee



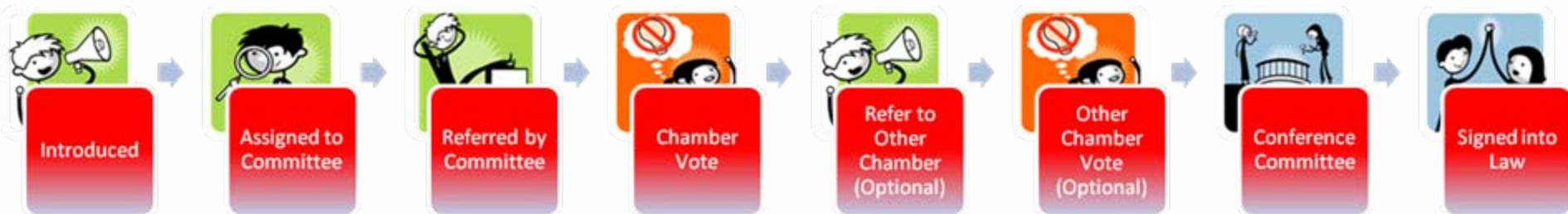
- July 15, 2009, the Senate Health, Education, Labor, and Pensions (HELP) Committee approved the Affordable Health Choices Act
- The Committee aims to merge the legislation with legislation to be released and marked-up by the Senate Finance Committee

American's Healthy Future Act, Senate Finance Committee

- Senate Finance Committee's legislation would:
 - Establish non-profit co-operatives (co-ops)
 - Establish health information exchanges
 - Expand Medicaid coverage
- Provisions related to health IT surround such issues as risk assessments, incentives, national workforce strategy, and long-term care

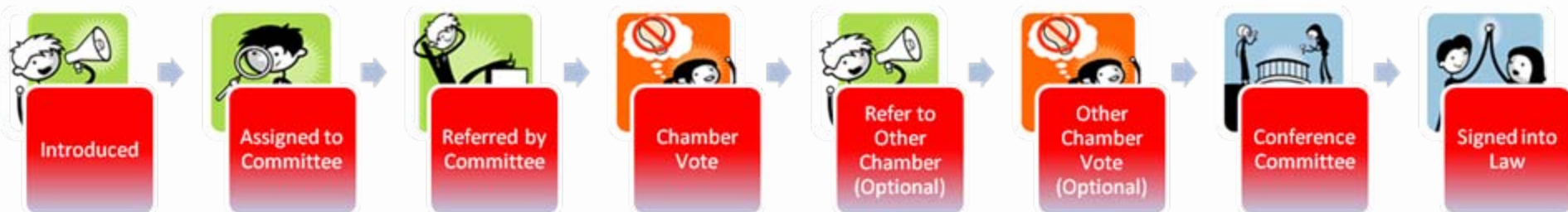


Legislation, Senate Finance Committee



- Senate Finance Committee will begin mark-up of the legislation on September 22, 2009
- Committee members will introduce a host of amendments during mark-up
- Following a mark-up of the legislation, the legislation is expected to be merged with the Senate HELP Committee's legislation and be considered for a vote by the Senate

What's Next?



- Two Senate bills will likely be merged into one bill to compliment its counterpart in the House (H.R. 3200)
- Congressional leaders hope to vote on healthcare reform legislation this fall
- The chambers can send their perspective bills to the other chamber for a vote or they can go straight to a Conference Committee.
- Following passage by Congress, a bill would then be sent to the President for his signature

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Future Health IT Policy

Future Health IT Policy

- ONC to allocate additional funding
- Oversight of and expanding upon ARRA
- Health IT continued to be included as a tool in transforming healthcare

Future Health IT Policy

- **ONC to allocate additional funding**
 - Award of grants for HIEs and Regional Extension Centers
 - Competitive grants to states to establish loan program
- **Study on Open Source Technology**

Future Health IT Policy

- Oversight of and expanding upon
ARRA
 - House Oversight and Government Reform Committee
 - HIMSS Congressional Affairs fielding questions from Congressional Offices
 - Our “Ask” for this year
 - Representative Patrick Kennedy (D-RI) and the Personal Health Information Act of 2009

Future Health IT Policy

- Health IT continued to be included as a tool in transforming healthcare
 - Community Mental Health Services Act, Senator Jack Reed (D-RI)
 - Providing Real Outreach for Veterans Act, Senator Kristin Gillbrand (D-NY)
 - Health Information Technology Public Utility Act, Senator Jay Rockefeller (D-WV)

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Thoughts from the Group

Questions

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Director, HIMSS Congressional Affairs

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Advocacy and Public Policy Steering Committee

Off-Site Meeting

September 22, 2009



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Healthcare Reform and Administrative Simplification

Miriam Paramore
SVP Strategy & Government Affairs

Presented to the HIMSS Advocacy & Public Policy Steering Committee

September 22, 2009

Discussion Topics



Administrative Simplification 2.0 – What is it?

Current Level of Business Efficiency in Healthcare

Administrative Simplification Provisions in Current Healthcare Reform Bills

Private Sector “Gang of 6” Commitments to President Obama Regarding Administrative Simplification

Funding Longer Term Reforms through Administrative Savings

Q&A





Emdeon: A Leader in Today's National Health Information Network





efficient healthcare



Administrative Simplification 2.0 – What is it?

Where Does the Money Go?

85%

15%

4% on
Prevention



Cost of Care = \$2 T

Admin Costs =
\$360 B

Total U.S. Healthcare Spend = \$2.4 Trillion

Transparency at Lake Tahoe



Current Level of Business Efficiency in Healthcare



emdeon®

U.S. Healthcare Efficiency Index™

Launched Dec. 2008 – National Progress Report Coming Dec. 2009

Purpose

- Create an industry forum for monitoring business efficiency in healthcare

Vision

- Raise awareness of potential savings and reframe the national dialogue on health reform

Goals

- Establish single national reference
- Track progress across the industry
- Remove barriers
- Take costs out of healthcare

ushealthcareindex.com



Potential Savings: \$300 Billion Over 10 Years

U.S. Healthcare Efficiency Index™ Advisory Council (partial list)



THINK-Health



Index Advisory Council Members

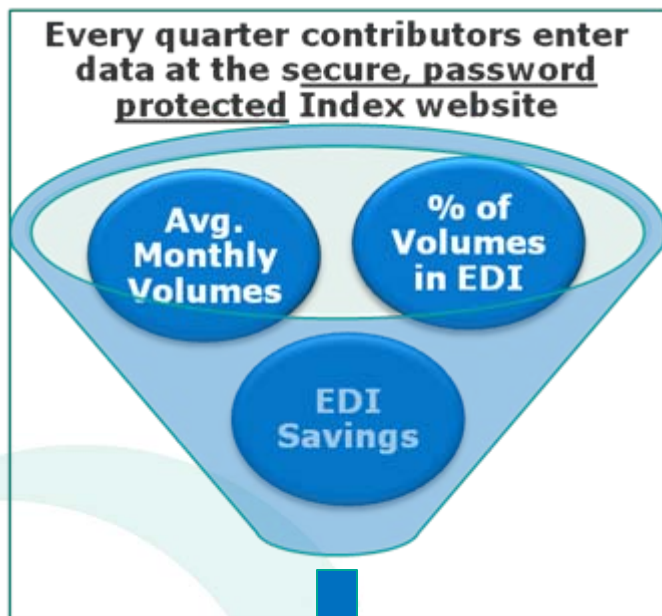
Advisory Council members are asked to make a one year commitment during which they will help to guide the direction of the Index, encourage industry collaboration, and participate in quarterly oversight meetings.

Index Advisory Council Roster: January 2009 – January 2010

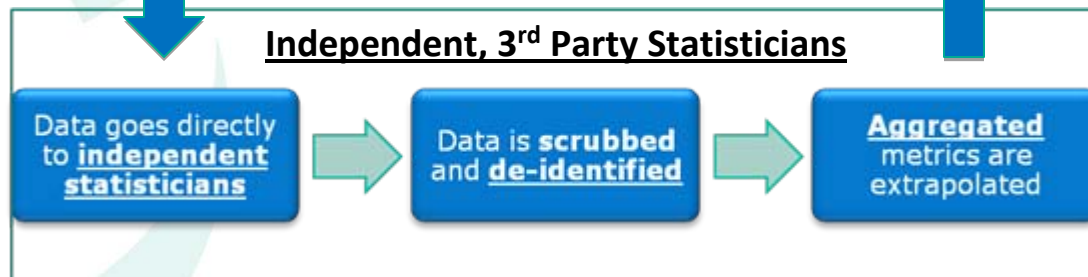
Advisory Council Member	Organization
Fritz Scheuren, Ph.D.	Scheuren - Ruffner
Patrick Baier, D. Phil.	Scheuren - Ruffner
John L. Phelan, Ph.D.	Milliman, Inc.
Andrew Naugle, MBA	Milliman, Inc.
Jane Sarasohn-Kahn	Healthcare Economist & Author
Dave Garets	HIMSS Analytics
Newt Gingrich	Center for Health Transformation
Miriam Paramore	Emdeon (Corporate Sponsor)
Erik Swanson	WellPoint, Inc.
Stanley Nachimson	Nachimson Advisors, LLC
Greg Fisher	UnitedHealthcare
Eric Wallace	Linus / Greater New York Hospital Association
Richard Nelli	Cooperative Exchange
Fred Horowitz	Cooperative Exchange
Robin J. Thomashauer	Council for Affordable Quality Healthcare
The Honorable Phil Johnston	Johnston Associates

Phase 2: Data Collection, Extrapolation and Reporting

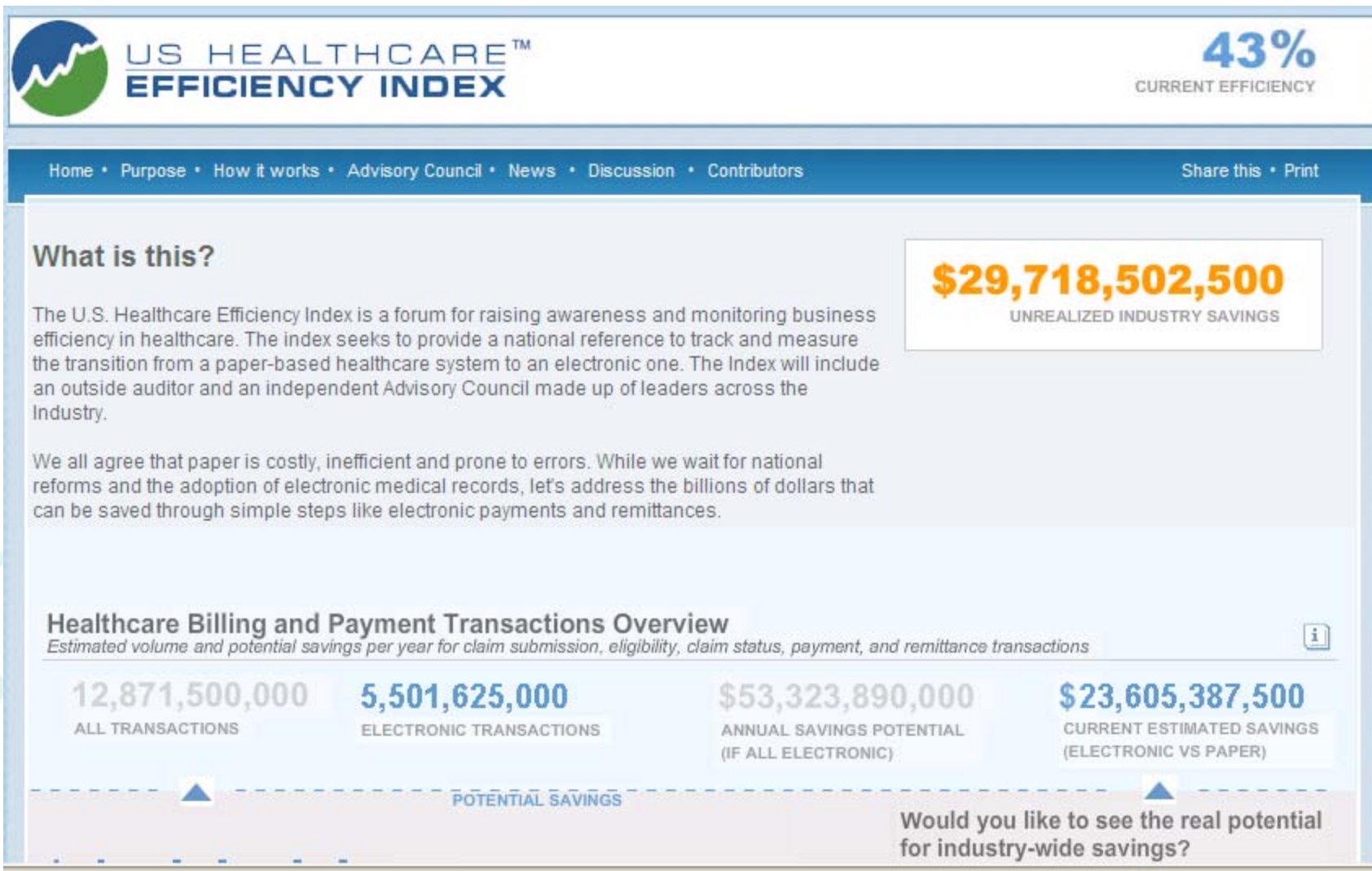
Payers Providers Clearinghouses



First Report: Payers Only



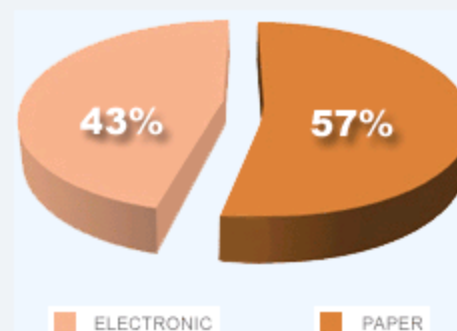
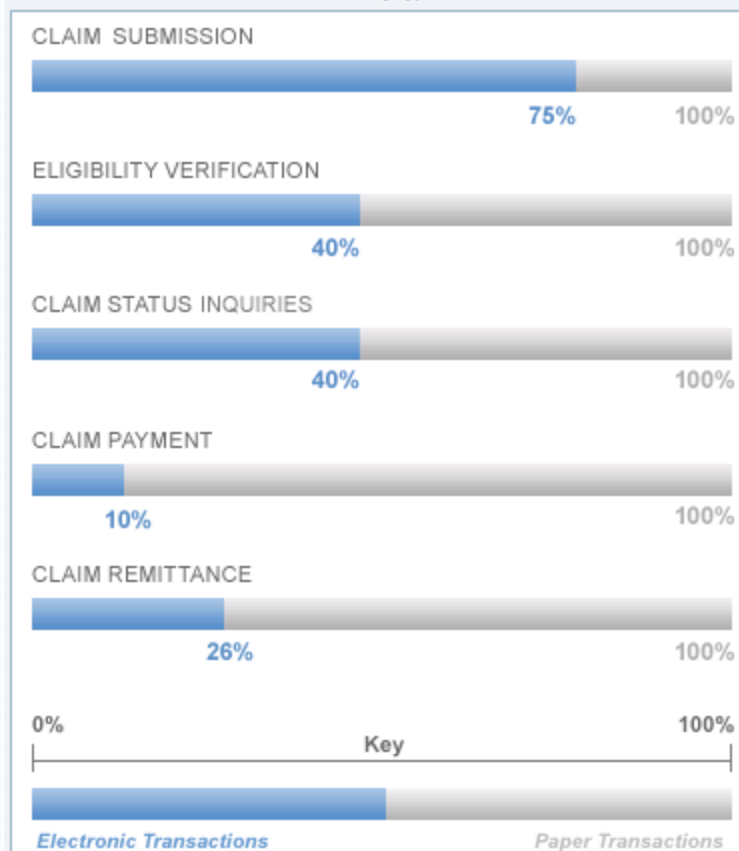
Funding Healthcare Reform through Simple, Practice Solutions: \$30 B in savings per year



Current Estimates of Business Efficiency in Healthcare

Current Use of Electronic Billing and Payment Transactions

Current utilization of electronic transactions by type



Industry usage of electronic Billing and Payment transactions by type; also illustrates total electronic and paper transaction percentages across all types. The percentage of total electronic utilization is the "Index" shown on the top right-hand corner of the page. Note: These figures are for medical claims-related transactions only. In later phases of the Index, we plan to expand the Index to include dental, vision, Worker's Compensation and clinical transactions like e-prescribing.

Administrative Simplification Provisions in Current Healthcare Reform Bills

Current Administrative Simplification Provisions

Provision	Senate HELP Bill	House TriCommittee Bill	Senate Finance Committee (Chairman's Mark)
Patient responsibility estimation	✓	✓	
Real-time eligibility	✓	✓	
Real-time claim adjudication		✓	
Electronic claim status	✓	✓	✓
ePayment / EFT	✓	✓	✓
Electronic remittance advice	✓	✓	✓
Smart Cards	✓	✓	
Electronic claims attachments		✓	✓

Senate Finance Committee Chairman's Mark

Summary of Admin. Simp. Provisions

- Timeline for accelerating existing HIPAA transactions
- Adds EFT as a required transaction
- Single set of operating rules for eligibility verification, claims status, claims remittance/payment, and EFT developed by a qualified non-profit entity, reviewed by NCVHS (staggered dates beginning July 2011)
- Rule to create unique health plan identifiers
- By December 31, 2013, health plans required to file a certification statement with the Secretary that their data and information systems comply with the most current published standards, including the operating rules, for four transactions: eligibility verification, claims status, claims remittance/payment and EFT
- Penalty fee for health plans that do not demonstrate compliance with the HIPAA operating rules adopted by the Secretary. Beginning April 1, 2014, penalties \$1-\$20 per covered life
- As of January 1, 2014, no Medicare payment would be made for benefits delivered under Part A or Part B other than by EFT or an electronic remittance in a form specified in the payment/remittance advice HIPAA standard

Healthcare Reform Is Demanding Efficiency (Senate HELP Bill)

(D) enable the real time determination of a patients financial responsibility at the point of service and, to the extent possible, prior to service, including whether a patient is eligible for a specific service with a specific physician at a specific facility, which may include a machine-readable health plan identification card;

Healthcare Reform Is Demanding Efficiency (House Tri-Committee Bill)

“(D) enable the real-time (or near real-time) determination of an individual’s financial responsibility at the point of service and, to the extent possible, prior to service, including whether the individual is eligible for a specific service with a specific physician at a specific facility, which may include utilization of a machine-readable health plan beneficiary identification card;

Private Sector “Gang of 6” Commitments to President Obama Regarding Administrative Simplification

"Gang of 6" Letter to President Obama



June 1, 2009

The President
The White House
Washington, D.C. 20500

Dear Mr. President:

Four weeks ago we came together, representing six different sectors of the health care industry, and pledged: *As restructuring takes hold and the population's health improves over the coming decade, we will do our part to achieve your Administration's goal of decreasing by 1.5 percentage points the annual health care spending growth rate – saving \$2 trillion or more.*

"Gang of 6" Recommendations



1. Utilization of care

2. Cost of doing business

3. Administrative simplification: Streamlining the claims processing system will allow clinicians and other personnel to spend less time and fewer resources on paperwork, lowering costs for everyone.

4. Chronic care

Funding Longer Term Reforms through Administrative Savings

Funding Healthcare Reform – The Duh Factor



- *June 13, 2009: President Obama announces \$313 billion in cuts to Medicare/Medicaid providers*
- *Peter Orzag: Cuts will save Medicare patients money “as much as \$43 billion in reduced premiums for prescription drug coverage over the next 10 years.”*

\$43 billion over 10 years through Medicare/Medicaid cuts

VS.

\$300 billion over 10 years through HIT





what would u do
w/ \$300 B?

ushealthcareindex.com



Q & A



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Advocacy and Public Policy Steering Committee

Off-Site Meeting

September 22, 2009