

Inclusion of other insurance types to require the use standard transactions under HIPAA

**Testimony by Jopari Solutions, Inc. to NCVHS Subcommittee on Standards
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Topics

- Overview of Jopari Solutions
- Historical Overview of the Evolution of Property and Casualty use of Electronic Medical Billing Technology
- Where are we now?
- Recommendations



Jopari Solutions

- Privately held company based in Concord, CA that has been establishing connectivity between providers and payers in the P&C industry (Workers' Compensation and Auto Medical) since 2003
- Clients include individual practitioners, Practice / Revenue Cycle Management systems, clearinghouses, payers and their technology suppliers
- Currently managing 1.4 million transactions monthly (837, 835, Acknowledgements, Attachments) flowing between thousands of providers and over 700 payers across nearly every jurisdiction, mainly in Workers' Compensation, with use by Auto Medical emerging



Jopari Solutions

- Jopari has also had to innovate solutions to ensure that the nuances of the Workers' Compensation and Auto Medical industry can be readily met, and to respond to the needs of the diverse array of medical providers that service these coverages. These include web-based portals and tools to manage attachments. In some cases, Jopari, in partnership with leading provider technology suppliers, has imbedded its technology into well-established systems to allow them to offer a Property & Casualty solution for their customers.
- Jopari has also taken a significant collaborative and leadership role in working with the national standard setting organizations such as ASC X12, WEDI, as well as with the IAIABC, AMA and jurisdictions to help facilitate Property & Casualty administrative simplification and voluntary stakeholder adoption of electronic data interchange.



History of P&C Utilization

- First integrated approach for Workers' Compensation medical billing transactions and attachments was deployed in 2000, using then current standards like NSF and PDF
- The inherit benefits were readily envisioned, and produced great interest, but without jurisdictional emphasis it was not a priority
- Early adopters were some of the more sophisticated payers and larger providers practicing Occupational Medicine



2000 to 2007

- Saw some more limited adoption, but since transaction volume and provider utilization was still small, no real focus
- Several jurisdictions (Texas, California) announce that they will establish rules requiring electronic submission for Workers' Compensation medical billing and attachments ("eBilling") use the X12 837, 835, Acknowledgments and Attachments
- Texas issued rules in 2007 (effective 1/1/2008) that required providers and payers to utilize eBilling



2008 - Texas

- Created an X12-like framework for submissions, but was not fully aligned with the current standards
- Great interest, but a significant obstacle quickly arose – the ability by medical providers to utilize existing office technology since it would require systems vendors to develop a Texas WC specific version of transactions
- Volumes were limited at first, but have since improved



2009 - Minnesota

- As part of a comprehensive plan to achieve Administrative Simplification, Minnesota issued rules that required all healthcare billings (including Property and Casualty coverages) to utilize a MN-specific version of X12
- Again, initially there was a limited response for Property and Casualty due to what appeared to be yet the need for another “jurisdictional version”
- Quickly, Minnesota in conjunction with industry stakeholders, began to iron out the issues between national standards and their rules



Critical Learning

- Even though utilization was slowly growing due to innovation, widespread use was limited by the ability of providers to connect to payers using their existing technology solutions
- The Property and Casual industry, in conjunction with the Standards Organizations and Jurisdictions realized that the key to the ability to implement and adopt eBilling was to embrace the national standards, although some enhancements were needed to fully support the nuances of P&C (transaction situational rules, code sets, etc.)





The results – collaboration/education

- IAIABC – established a companion guide based on X12 standards, Model eBill legislation
- WEDI – Created Property and Casualty SNIP, whitepapers, educational sessions
- X12 – modifications for 5010, and changed future guides to support the Property and Casualty request
- Jurisdictional utilization – provider and payer stakeholder education, embrace IAIABC companion guide
- AMA – provider educational materials and webinars
- Leading Clearinghouses and Practice Management systems – client education and participation in Standards discussions





2011 Where we are today

- Provider offices and connectivity solutions are now deploying and supporting Property and Casualty solutions for their customers
- Transaction volume is increasing, regardless of jurisdictional mandates, since the realization of Administrative Simplification equates to improved operating results – improved payment cycles, increased productivity
- X12 future versions address 5010 workarounds, and the established industry relationships will need to continue to collaborate as needs are identified





Recommendation to NCVHS

- Jopari and its customers are in support of the goals of Administrative Simplification, and therefore recognizes the need to continue to align with and enhance many of the HIPAA transaction standards in order to achieve maximum benefits (Specifically 837, 835, Acknowledgements)
- However, there are some transactions that are not part of the P&C business models and coverage definitions, and thus cannot be utilized (Eligibility, Health Plan Premium Payment and Enrollment,)
- Jopari Solutions would recommend that NCVHS advocate that Property & Casualty adopt the applicable HIPAA transactions; encourage continued consensus enhancement of those standards between Property and Casualty and National Standards organizations; and promote wide-spread education for providers and payers on the how and whys of P&C connectivity

