



**EHNAC**

Electronic Healthcare Network Accreditation Commission

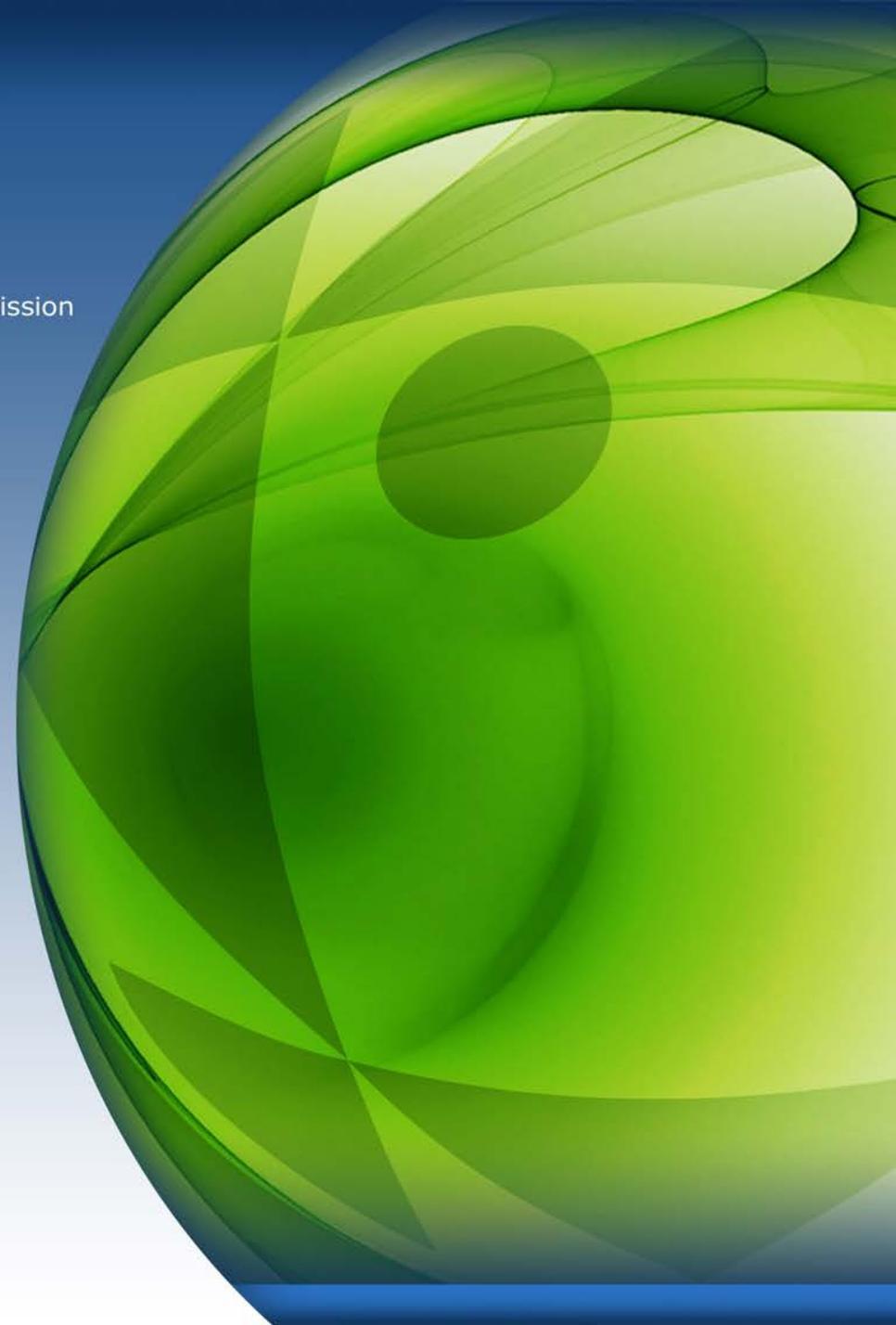
**Testing  
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# EHNAC

Electronic Healthcare Network Accreditation Commission

## Agenda

- Who is EHNAC?
- What's the Process and Criteria for Accreditation?
- The Accreditation Process Overview
- Leveraging the EHNAC model for ACA
- Q&A



# EHNAC

Electronic Healthcare Network Accreditation Commission

## WHO IS EHNAC?



# EHNAC

Electronic Healthcare Network Accreditation Commission

## History

- Founded in 1995 as an independent, 501(c)(6) not-for-profit accrediting agency.
- Over 30 representatives from EHN industry developed first industry standards for
  - data transmission,
  - data security,
  - advertising, and
  - resources.



# EHNAC

Electronic Healthcare Network Accreditation Commission

## Governance

- Voluntary, federally recognized self-governing standards development organization (SDO)
- Governed by a commission of at least 9 healthcare industry stakeholders from private and public sector organizations
- Guided by peer evaluation promoting quality service, innovation, cooperation and open competition



## Purpose

- Develop standard criteria and accredit organizations that electronically exchange healthcare data.
- Provide accreditation services for:
  - Electronic health networks
  - Financial services organizations
  - E-prescribing networks
  - Medical Billers
  - Health information exchanges
  - Management Service Organizations
  - Third party administrators
  - Payers
  - Other healthcare industry organizations



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## Philosophy

- Serve as a voluntary accrediting body for the healthcare industry.
- Facilitate and assist the industry achieve compliance with HIPAA, ARRA, Affordable Healthcare Act and federal and state regulatory guidelines.
- Improve the efficiency and quality of health care delivery.



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# VALUE PROPOSITION



## Benefits of Accreditation

- Framework
  - Provides a framework for reusable policies and procedures
  - Promotes industry best practices in healthcare data exchange
  - Identifies areas for improving business processes
  - Facilitates business discipline, organization and planning
- Metrics
  - Enhances performance through requirements for quality metrics and measurements
  - Improves customer satisfaction through the capture of call metrics
- Quality
  - Encourages quality improvements in products and services
  - Ensures sufficient employee training programs
  - Fosters operating cost reductions through efficiencies
  - Provides regular, comprehensive and objective evaluation



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## Benefits of Accreditation

- Compliance
  - Reviews HIPAA, ARRA/HITECH, Affordable Healthcare Act including federal and certain state regulatory compliance
  - Fulfills Maryland and New Jersey regulatory requirements
  - Identifies security and business risk exposures



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# **CRITERIA DEVELOPMENT**



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## AREAS OF FOCUS

1. Privacy and Confidentiality
2. Technical Performance
3. Business Practices
4. Resources



### Other Initiatives Underway/Under Evaluation

- Operating Rules being integrated with existing criteria and programs
- Direct Project (HISP's)
- Telemedicine



## Criteria Development

### Development

- Criteria Committee recommends new and modified criteria to Commission
- Commission Approves, Rejects, or sends back to Criteria Committee

Criteria released for public comment, with press release

Comment period of at least 45 calendar days

Final modifications per comment period

Executive Committee recommends final revision to Commission



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# PROGRAMS



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## Programs



**ePAP**  
*ePrescribing  
Accreditation  
Program*



**FSAP**  
*Financial  
Services  
Accreditation  
Program*



**HIEAP**  
*Health  
Information  
Exchange  
Accreditation  
Program*



**HNAP**  
*Healthcare  
Network  
Accreditation  
Program*



**HNAP-70**  
*Healthcare  
Network  
Accreditation  
Program Plus  
Select SAS  
70<sup>®</sup> Criteria  
Program*



**MSOAP**  
*Management  
Service  
Organization  
Accreditation  
Program*



**OSAP**  
*Outsourced  
Services  
Accreditation  
Program*

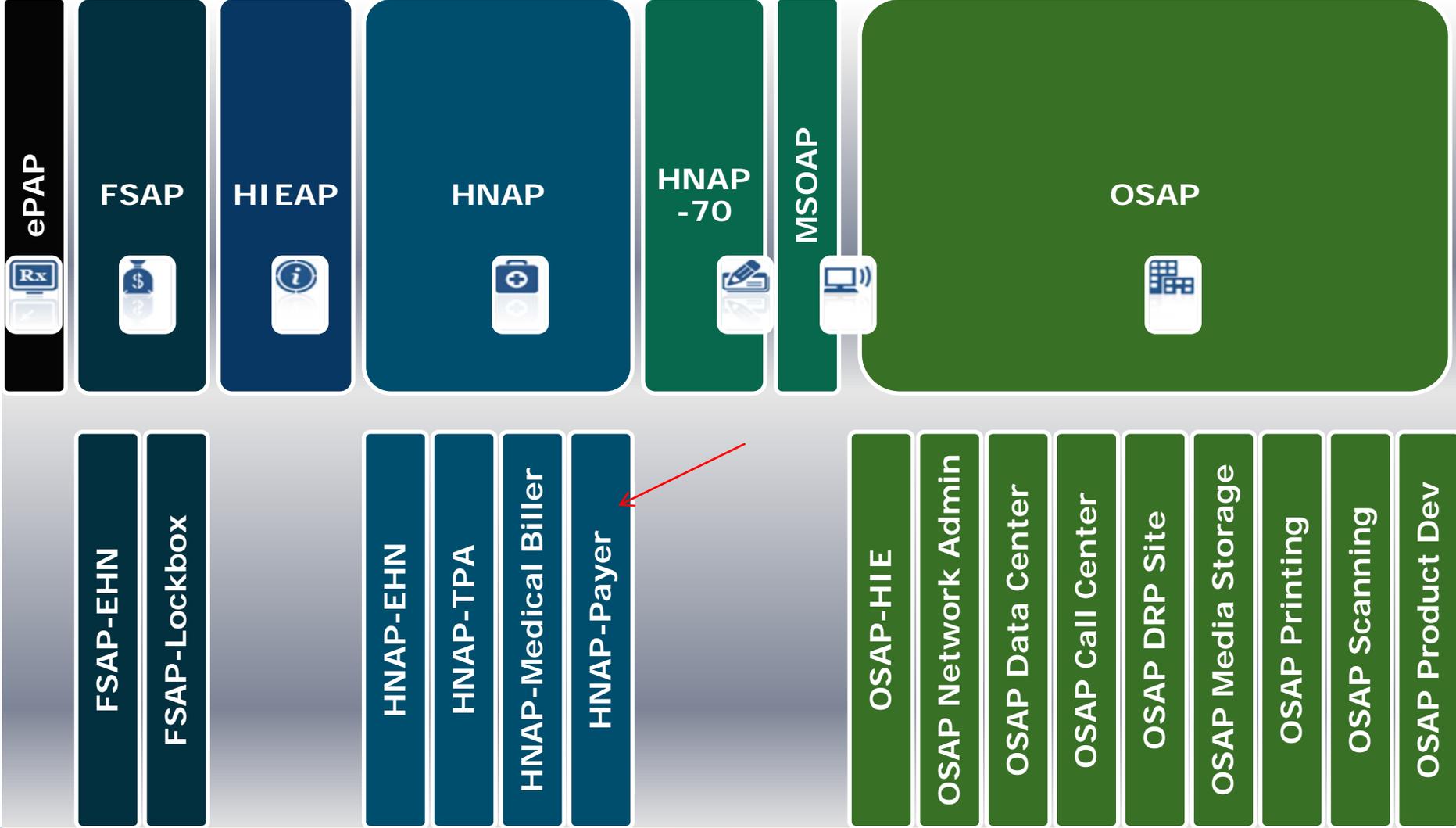
***Serving organizations across the healthcare spectrum***



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## Programs and Subcategories





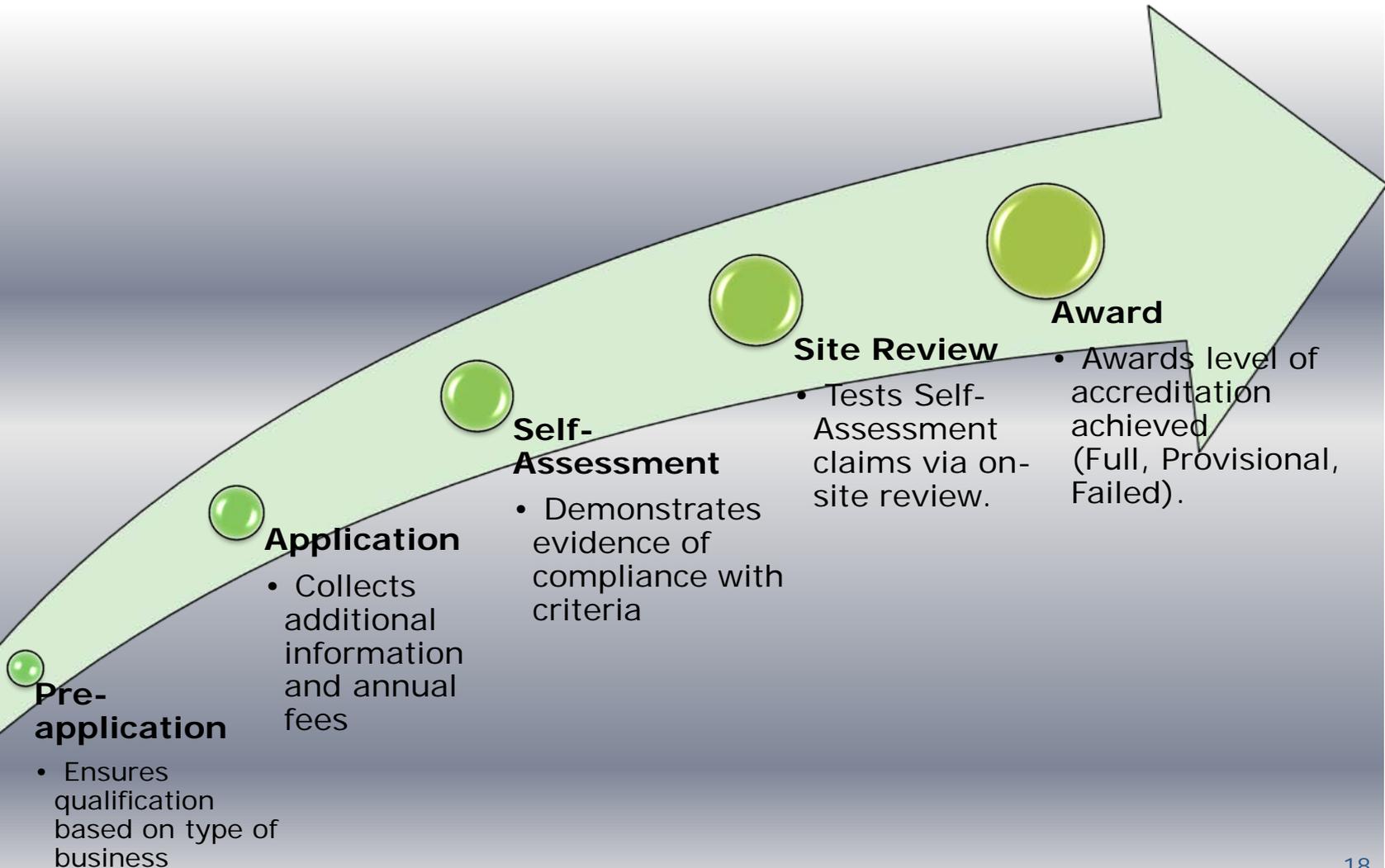
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# ACCREDITATION PROCESS



## EHNAC Accreditation Process





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## Re-Accreditation

- Must occur every two years in order to remain accredited.
- EHNAC sends notice of pending expiration at 12 month and 6 month notifications prior to the expiration date.
- Process is very similar to first-time accreditation.



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# **LEVERAGING THE EHNAC MODEL FOR ACA CERTIFICATION**



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## Benefits to Industry

- EHNAC has the framework for a Payer Accreditation Model Already covering the following areas: Privacy, Security & Confidentiality, Technical Performance, Business Practices, and Resources
- Many payers already mandate EHNAC accreditation as part of their RFI/RFP's today and are familiar with the national reputation and structure
- Speed to enhance/refine this program would be significantly reduced
- EHNAC process and methodology are well entrenched and tested within the healthcare community



## Proposed Next Steps for Consideration

- Convene an industry Advisory Group of stakeholders to review, enhance and reach consensus on the criteria
- Identify some beta payer organizations to validate the program and provide feedback
- Hold webinars and industry “feedback” groups to review program specific and solicit input
- Incorporate industry feedback and refine and finalize for General Release 1.0



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## Q&A