The Road to 100% Transparency

Presented by:
Si Nahra, Ph.D., President

January 24, 2012
Pioneering Specialists in Group Health Care

Post-Payment Administration for 25 Years

• First with 100% claim audits
• Introduced the use of claim audits for recovery
• Originated linking of enrollment reconciliation with claim audits
• Started dependent eligibility audits 15 years ago
• Revolutionized data intake with payer-defined data – always successful
• Unblemished track record – no HIPAA violations or employee issues
Transparency is a fundamental expectation for every self-funded health plan.

- Must be transparent about who controls the plan.
- Must be transparent about vendor relationships.
- Must be transparent about compensation arrangements.
- Must be transparent about … everything.

But this expectation of transparency is not being applied to data access and use.
Data transparency exists for self-funded plans when fiduciaries, trustees (and staff) can:
1. See what is going on.
2. See what impact their efforts make.

Many of the largest self-funded plans have it. But most self-funded plans do not.

Many self-funded plan administrators (TPA) support it. But most do not -- yet.
What Causes Lack of Data Transparency

• Technology
  – In the past, lack of data transparency was caused by the need for technical and computing resources.
  – This no longer applies; even to the smallest plans.

• HIPAA
  – Some TPA still cite HIPAA concerns as an excuse.
  – This is “HIPAA-critical” and completely wrong.
What Causes Lack of Data Transparency

• **TPA**: We handle it.
  – TPA give plenty of reports. Maybe too many.
  – Reports $\neq$ Data.
  – Reports are shadows cast by the data. You want the object (the data) not its shadow (the report).

• **Plan**: Not sure.
  – What to expect.
  – What to ask for.
  – What to do.

Today’s focus
What Causes Lack of Data Transparency

• None of these reasons apply any more.

• The only impediment to data transparency is the Plan not seeking data transparency.

• Plans that demand and expect transparency can better control and reduce plan costs.

• Plans that do not will fall behind those that do.
100% Transparency

What can you see?

**Data Scope**
- All source data accessible without limits

**Data Frequency**
- Monthly or more frequently

**Data History**
- 3+ years archive controlled by Plan

What are you looking for?

**Performance Standards Acceptance**
- Specific to Plan and Contractual

**Analytic Support Available**
- Norms and Case Monitoring
What Can You See?

All source with no limits 100%

All source with field limits 75%

Some source files 25%

Canned Reports 5%

None 0%
What Can You See?

- Monthly or more: 100%
- Quarterly: 50%
- Semi-annual: 25%
- Annual: 5%
- Ad Hoc: 0%
Transparency: Data History

What Can You See?

- 3+ years client controlled
  - 100%
- 3+ years Special Request
  - 50%
- 3+ years payer controlled
  - 25%
- <3 years payer controlled
  - 5%
- None
  - 0%
Transparency: Performance Standards

What Are You Looking For?

- Specific to Plan: 100%
- Generic from TPA: 50%
- Not defined: 0%
Transparency: Standards Acceptance

What Are You Looking For?

- Performance Contract
  - 100%

- Accepted by both Plan & TPA
  - 75%

- Defined by Plan
  - 20%

- Defined by TPA
  - 10%

- Not documented
  - 0%
Transparency:
Analytic Support

What Are You Looking For?

Norms
- Performance Standards
- Medicare
- Internal Plan
- TPA
- Comparisons over time

Yes: 50%
No: 0%

Case Monitoring
- Appeal
- Wellness
- Error Correction
- Collection
- Stop Loss

Yes: 50%
No: 0%

© Copyright 2012
Health Decisions, Inc.
100% Transparency

What can you see?

Data Scope
  = All source data accessible without limits

Data Frequency
  = Monthly or more frequently

Data History
  = 3+ years archive controlled by Plan

What are you looking for?

Performance Standards Acceptance
  = Specific to Plan and Contractual

Analytic Support Available
  = Norms and Case Monitoring
100% Transparency

What can you do?

Score your current plan administrator.
   Use the slides here or use our form.

Score competitive bidders.
   Part of our Bid Support Service Package.

Make 100% transparency a priority.
   Get needed support from our Software.

Make a commitment to transparency a condition of doing business with any administrator.
Recordings of past webinars are available upon request, or through Si’s Library (www.healthdecisions.com/library) including:

- November, 2011 – Overpayment Collection
- October, 2011 – Finding Provider Fraud
- September, 2011 – Complete Enrollment Validation
- August, 2011 – New HIPAA Accounting Requirements
- July, 2011 – Dos and Don’ts of Competitive Bidding
- June, 2011 – You’ve Done a Dependent Audit. Now What?
- May, 2011 – Two Dozen Reasons for Claim Payment Error
- April, 2011 – How Does Your Plan Compare?
- March, 2011 – How Medicare Can Help Employer Health Plans
- February, 2011 – Administrative Fee Inflation
For More Information
Contact
si@healthdecisions.com
734-451-2230

We offer no-cost consultations to answer questions and discuss options.