

The Road to 100% Transparency

Presented by:
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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.

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

Transparency: Data Scope

**What
Can
You
See?**

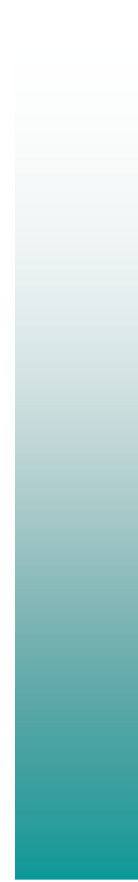
**All source with no
limits 100%**

**All source with field
limits 75%**

**Some source files
25%**

**Canned Reports
5%**

**None
0%**



Transparency: Data Frequency

What
Can
You
See?

Monthly or more
100%

Quarterly

50%

Semi-annual

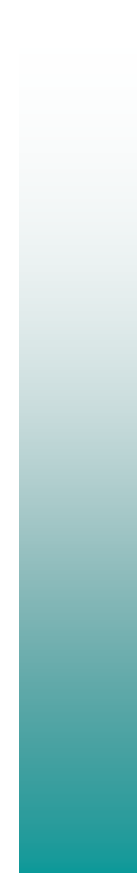
25%

Annual

5%

Ad Hoc

0%



Transparency: Data History

**What
Can
You
See?**

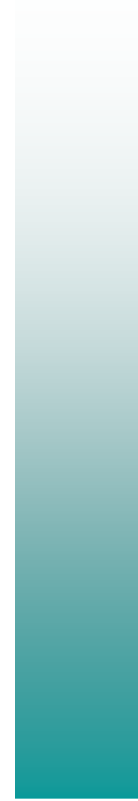
**3+ years client
controlled**
100%

**3+ years Special
Request**
50%

**3+ years payer
controlled**
25%

**<3 years payer
controlled**

None
5%
0%



Transparency: Performance Standards

**What
Are
You
Looking
For?**

Specific to Plan

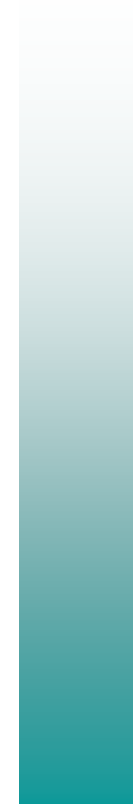
100%

Generic from TPA

50%

Not defined

0%



Transparency: Standards Acceptance

**What
Are
You
Looking
For?**

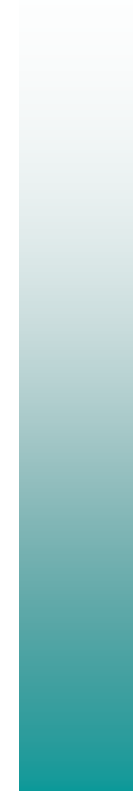
**Performance Contract
100%**

**Accepted by both
Plan & TPA
75%**

**Defined by Plan
20%**

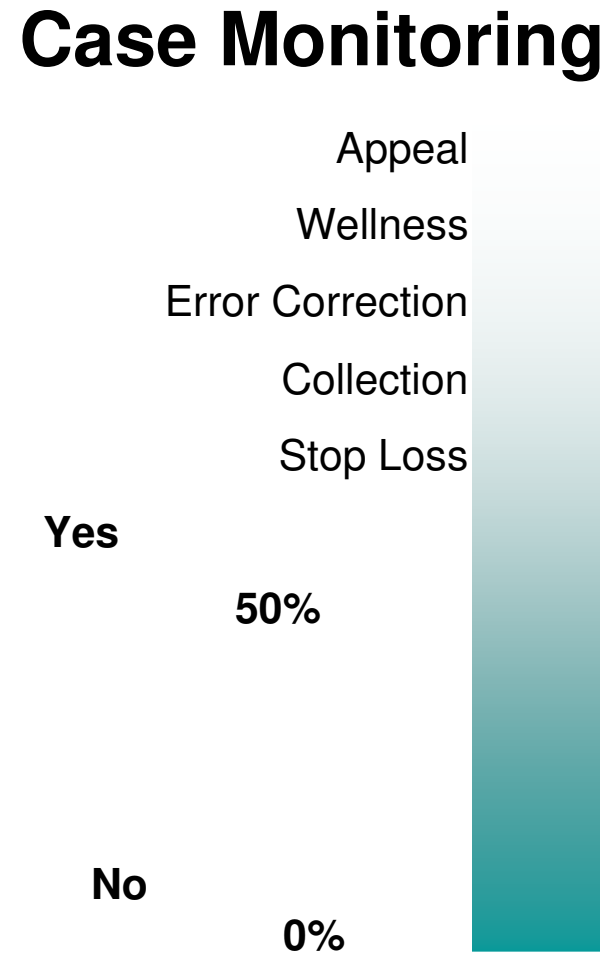
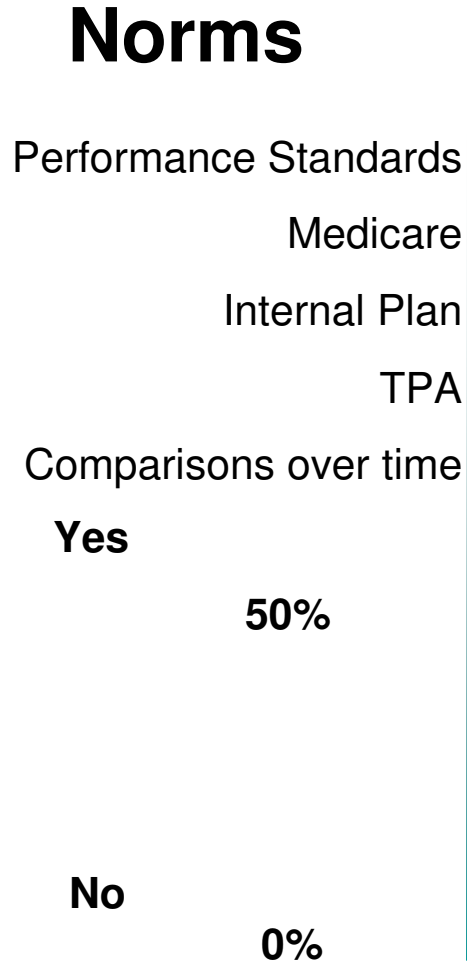
**Defined by TPA
10%**

**Not documented
0%**



Transparency: Analytic Support

**What
Are
You
Looking
For?**



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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.

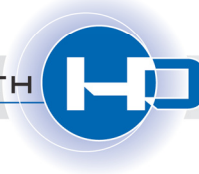
Get needed support from our Software.

Make a commitment to transparency a condition of doing business with any administrator.

Past Webinars Available

Recordings of past webinars are available upon request, or through **Si's Library** (www.healthdecisions.com/library) including:

- December, 2011 – 2012: What Does it Hold for Self-funded Health Plans?
- 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
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We offer no-cost consultations
to answer questions and discuss options.