EHNAC
Electronic Healthcare Network Accreditation Commission

EHNAC Overview

Lee Barrett, Executive Director

Debra Hopkinson, Operations VP

Outline

- Overview

- Organization

- Value Proposition

- Accreditation Process

- Criteria Development

- Programs

OVERVIEW

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.

Governance

- Voluntary, 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
  - Managed Service Organizations
  - Third Party Administrators
  - Payers
  - Other healthcare industry organizations

Philosophy

- The mission of EHNAC is to assist the healthcare data exchange industry to achieve a high standard of quality in operating their healthcare data exchange, while achieving compliance with healthcare reform mandates and to promote standards-based accreditation.

- Facilitate and assist the industry achieve compliance with HIPAA, ARRA/HITECH, Affordable Health Care Act and other regulatory guidelines.

- Improve the efficiency and quality of health care delivery.

ORGANIZATION

Organizational Structure

- Executive Director

- Operations Vice President

- Commission

- Committees

  - Executive

  - Finance

  - Criteria

  - Nominating

  - Marketing

- Site Reviewers

Administration

- Executive Director
  - Lee Barrett

- Operations, Vice President
  - Debra Hopkinson

Commission

- Minimum of 9 healthcare public and private sector stakeholders

- Industry sectors represented may include

  - Electronic health networks

  - Regulatory agencies

  - Payers

  - Healthcare security organizations

  - Hospital and physicians providers

  - Consumer organizations

  - Financial services

  - Vendors

EHNAC
Electronic Healthcare Network Accreditation Commission

Commissioners (as of 6/1/12)

Alberto Casas (Citibank, N.A.)		Vince Marzula (Mellon Bank)
Laurie Darst (Mayo Clinic)		Deborah Meisner (Emdeon)
Jay Eisenstock (Aetna)		**William O'Byrne** (NJ HITEC)
Greg Fisher (UnitedHealthcare)		Renae Price (R. Price Consulting)
Mark Gingrich (Surescripts)		Anthony J. Rizzi (Kaiser Permanente)
Lonnie Hardin (Capario)		Jan Root (Utah Health Information Network)
Sharon Klein (Pepper Hamilton)		David Sharp (Maryland Health Care Commission)
Luigi Leblanc (Zane Networks)		

Committees

Committee	Members
Executive Committee	• Executive Director • 4 Commissioners *(chairs of the other committees)*
Finance Committee	• 3 Commissioners *(minimum 3)*
Criteria Committee	• 10 Commissioners *(minimum 3)* • 34 Public Members
Nominating Committee	• 3 Commissioners *(minimum 3)*
Marketing Committee	• 13 Commissioners *(minimum 3)* • 27 Public Members

Site Reviewers

- Seasoned healthcare IT industry subject matter experts
- Comprehensive knowledge of the EHNAC criteria
- Independent, not employees of accredited organizations
- Bound by policies protecting candidate information
- Bound by conflict of interest and confidentiality policies

VALUE PROPOSITION

Why Companies Pursue EHNAC Accreditation

- Industry recognition and acceptance

- Excellent criteria with ongoing enhancements

- Quality of process

- Value of site review including recommendations and outcomes

- Authoritative and consultative model and industry feedback
  - Third party recommendations

- State requirements serving as a model for other states to adopt
  - Maryland Healthcare Access Commission (MHCC) requirement
  - New Jersey requirement

Benefits of Accreditation

- General Benefits
  - Provides a competitive advantage and differentiation
  - Showcases compliance with EHNAC criteria

- Framework
  - Provides a framework for reusable policies and procedures
  - Promotes industry best practices in healthcare EDI
  - Identifies areas for improving business processes
  - Facilitates business discipline, organization and planning

Benefits of Accreditation

- 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

Benefits of Accreditation

- COMPLIANCE
  - Reviews HIPAA, ARRA/HITECH, Affordable Healthcare Act and other regulatory compliance requirements
  - Fulfills Maryland and New Jersey regulatory requirements
  - Identifies privacy, security, confidentiality and business risk exposures

ACCREDITATION PROCESS

Accreditation Process

- Pre-Application

- Application

- Self-Assessment

- Site Review

- Award

- Re-Accreditation

Pre-Application

- Web-based pre-application
  - *Responsibility: Applicant*

- Notification of qualification
  - *Responsibility: EHNAC*

Application

- Submission of:
  - Accreditation application
  - Applicant agreement
  - Sentinel events document
  - Financial statement
  - Application fees
  - *Responsibility: Applicant*

- Candidate status award
  - *Responsibility: EHNAC*

Self-Assessment

- Documentation and evidence demonstrating compliance with EHNAC criteria
  - *Responsibility: Candidate*

Self-Assessment Review and Site Visit

- Feedback from site reviewer

- Responses to those questions

- Schedule and conduct site review
  - *Responsibility: Site Reviewer and Candidate*

Award Assignment

- EHNAC award assignment and candidate notification
  - *Responsibility: EHNAC Commission*

- Award
  - FULL Accreditation
  - PROVISIONAL Accreditation
  - DENIED Accreditation

Non-Compliance

- Provisional
  - Candidate has limited timeframe to attain compliance with identified problem areas.
  - Monthly late fees apply if due date has passed.
- Denied
  - Candidate must re-apply for accreditation.

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.

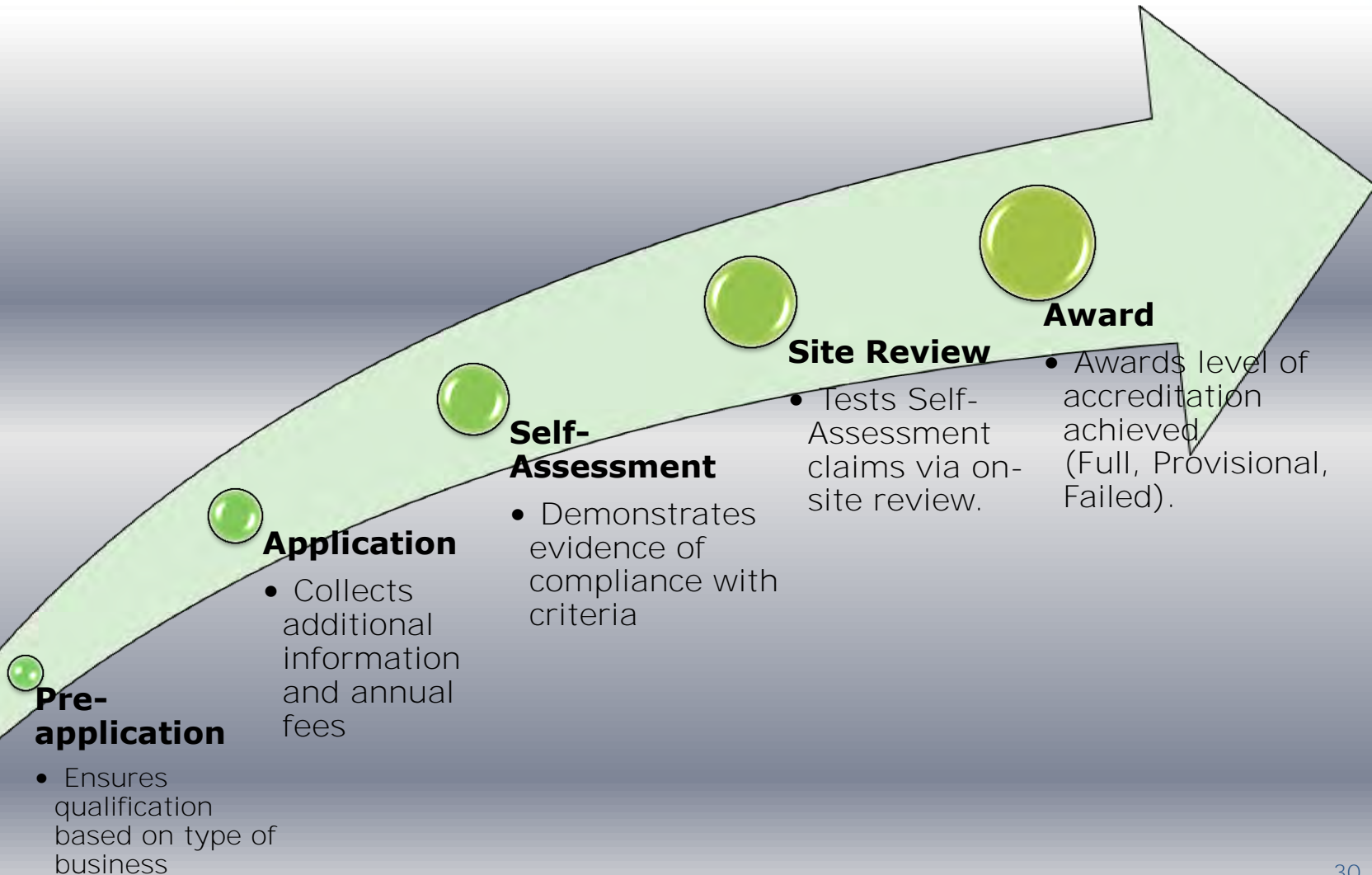- Process is very similar to first-time accreditation.

Self-Assessment: Scoring

- Over 100 criteria (depending on program)
- **All "MANDATORY" criteria must be fully met or** accreditation is not awarded.
- Compliance percentage is calculated across all criteria.
- 85% to 100%:   FULL Accreditation
- 75% to 84%:   PROVISIONAL Accreditation
- Under 75%:   DENIED Accreditation

EHNAC Accreditation Process

Pre-application
- Ensures qualification based on type of business

Application
- Collects additional information and annual fees

Self-Assessment
- Demonstrates evidence of compliance with criteria

Site Review
- Tests Self-Assessment claims via on-site review.

Award
- Awards level of accreditation achieved (Full, Provisional, Failed).

CRITERIA DEVELOPMENT

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

PROGRAMS

Programs

ePAP
ePrescribing Accreditation Program
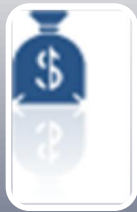
FSAP
Financial Services Accreditation Program

HIEAP
Health Information Exchange Accreditation Program

HNAP
Healthcare Network Accreditation Program

HNAP-70
Healthcare Network Accreditation Program Plus Select SAS 70© Criteria Program

MSOAP
Management Service Organization Accreditation Program

OSAP
Outsourced Services Accreditation Program

Serving organizations across the healthcare spectrum

ePrescribing Accreditation Program (ePAP)

- For organizations that enable prescribers, payers and pharmacists to communicate electronically through the exchange of
  - pharmacy eligibility,
  - formulary,
  - benefits information,
  - prescriptions, or
  - other prescription-related transactions.

ePrescribing Accreditation Program (ePAP)

- Assesses electronic prescribing transactions for:
  - timeliness
  - industry-standard data formats
  - privacy and security
- Gives existing and prospective customers confidence that necessary standards for disciplined, quality business performance are met.

Financial Services Accreditation Program (FSAP)

- For banks and financial services firms engaged in healthcare.

- Ensures that organizations follow HIPAA security and privacy rules and meet a range of criteria specific to financial electronic health networks.

- Assures customers that their business partner follows industry-established standards for processing transactions involving protected health information.

- FSAP accreditation subprograms include:
  - FSAP-EHN
  - FSAP-Lockbox

Financial Services Accreditation Program for Electronic Health Networks (FSAP-EHN)

- For financial institutions that also provide the services of an Electronic Healthcare Network (clearinghouse)

- Such networks process healthcare administrative transactions such as

    - Claim

    - Eligibility

    - Remittance advice and payment

    - Referrals and authorizations

    - Claim status transactions

Financial Services Accreditation Program for Electronic Health Networks (FSAP-EHN)

- Demonstrates high standards in the handling of protected health information.

- Ensures industry-established criteria are followed for processing payments and other financial transactions.

- Highlights of the criteria include:
  - Criteria specific to the financial services industry
  - Criteria to ensure general IT controls are met to assist in the preparation of other audits, such as SAS 70 or Sarbanes-Oxley

Financial Services Accreditation Program for Lockbox Services (FSAP-Lockbox)

- For financial institutions that provide lockbox services that include the processing of healthcare transactions.

- FSAP-Lockbox differs from the other EHNAC programs in that certain performance metrics are modified or not included. For example:

  - Lockbox operations do not receive standards-based transactions.
  - Specific document handling and delivery criteria are included in this program.

Health Information Exchange Accreditation Program (HIEAP)

- For:
  - Health Information Exchanges (HIEs)
  - Health Information Organizations (HIOs)
  - Regional Health Information Organizations (RHIOs)

- …that:
  - enable the dissemination of administrative/clinical healthcare information including medical records electronically across organizations within a region or community;
  - communicate with disparate healthcare information systems; and
  - **maintain the "meaningful use" of the information being** exchanged.

Health Information Exchange Accreditation Program (HIEAP)

- Scalable accreditation program for organizations of various sizes.

- Designed for health information exchange organizations and similar groups that promote clinical data sharing across multiple stakeholders.

- Assesses privacy policies, security measures, technical performance, business practices and organizational resources of participating entities.

HIE Program: Background

- EHNAC commissioned a market scan in May 2008 to assess the need for an industry HIE accreditation program. Surveyed:
  - Consumers
  - Federal, state, and local governments
  - HIEs
  - Hospitals, labs, long term care organizations
  - Payers
  - Physicians
  - Vendors

HIE Program: Background

- Common feedback indicated the need for an accreditation **authority to promote "trust" among HIE participants through** demonstrated compliance with best practices in areas such as security, privacy, confidentiality and business practices.

HIE Program: Development Process

- Created cross-industry advisory panel
  - Convened in July 2008
  - Met regularly via conference call
  - Included input from more than 70 stakeholders
  - Final review by targeted policymakers and organizations from Nov 2009 to Jan 2010
  - Draft criteria approved by EHNAC commission Feb 2010 and released for Public Review (60 days)
  - Targeted for release in the summer of 2010

Health Information Exchange Accreditation Program (HIEAP)

- A scalable accreditation program designed for:
  - Health Information Exchanges (HIEs)
  - Health Information Organizations (HIOs)
  - Regional Health Information Organizations (RHIOs)

Health Information Exchange Accreditation Program (HIEAP)

- HIEAP assesses policies, procedures and practices in the areas of:

  - Privacy and confidentiality

  - Security

  - Technical performance

  - Business practices

  - Organizational and technical resources

- Includes HIPAA privacy, security and transaction requirements

- **Will be updated to meet ARRA/HITECH's final rules with** respect to these areas in V1.0 Release scheduled for summer 2010

Healthcare Network Accreditation Program (HNAP)

- The "stamp of approval" from industry peers recognizing excellence in health information technology and transactions

- Assesses compliance with industry-established standards in
  - privacy and confidentiality
  - technical performance
  - business practices
  - resources
  - security

- Reviews HIPAA privacy and security requirements

Healthcare Network Accreditation Program (HNAP)

- HNAP subprograms include:
  - HNAP-EHN
  - HNAP-TPA
  - HNAP-Medical Biller
  - HNAP-Payer

Healthcare Network Accreditation Program for Electronic Health Networks (HNAP-EHN)

- For organizations that provide the services of an Electronic Healthcare Network (clearinghouse) including:

  - Batch

  - Fast-Batch

  - Real-time

  - VAN

- For processors of healthcare administrative transactions while not being a Payer or Financial organization.

Healthcare Network Accreditation Program for Third Party Administrators (HNAP-TPA)

- For third-party administrators or other companies that manage health plans and benefits on behalf of employers and other self-insured entities.

Healthcare Network Accreditation Program for Third Party Administrators (HNAP-TPA)

- Reviews organizations that adjudicate claims and provide administrative services on behalf of another **organization's self**-funded benefit plan
  - The other organizations could be:
    - **Employer's ERISA plans**
    - Taft-Hartley Union Funds
    - Multi-Employer Welfare Arrangements

- HNAP-TPA is the first program of its kind.

Healthcare Network Accreditation Program for Medical Biller (HNAP-Medical Biller)

- For organizations that provide for one or more healthcare providers:
  - charge capture
  - claim coding
  - claims submission
  - follow-up and related services

Healthcare Network Accreditation Program for Medical Biller (HNAP-Medical Biller)

- Accredits companies that handle sensitive data on behalf of
  - hospitals,
  - health systems,
  - provider organizations,
  - labs, and
  - other types of healthcare organizations.

Healthcare Network Accreditation Program for Payers (HNAP-Payer)

- For healthcare insurance payers that support a front-end environment for receiving and sending administrative transactions either:

  - directly from healthcare stakeholders or

  - through electronic healthcare networks (clearinghouses).

- Includes Payer-specific and expanded criteria regarding security against intrusion and protection of confidential PHI.

Healthcare Network Accreditation Program Plus Select SAS 70© Criteria Program (HNAP-70)

- For organizations that fit the model of an HNAP-EHN but would like accreditation based on a broader and more comprehensive range of General IT Controls similar to those required in a SAS-70 or SOX review.

- Broadens the scope of the IT audit and review beyond traditional SAS 70 audits.

- EHNAC provides a greater concentration on healthcare privacy and security by including HIPAA requirements and technical performance criteria specific to healthcare IT providers.

Management Service Organization Accreditation Program (MSOAP)

- For organizations that offer centralized administrative and hosted technology services, such as electronic health records, to healthcare providers.

- Electronic Health Record (EHR) services are typically offered.

- MSOs ensure that protected health information (PHI) is stored, accessed and/or transmitted in a private and secure manner.

- MSOs are usually owned by healthcare provider organizations.

Management Service Organization Accreditation Program (MSOAP)

- Swiftly-emerging regulatory and industry developments call for consistent standards for clinical data sharing.

- Covers privacy and confidentiality, technical performance, business processes, resources and security.

- Requires services to be secure, available, reliable, and resilient.

- Establishes customer service level requirements.

- Reviews Business Associate agreements and Breach Reporting for compliance with HITECH.

Outsourced Services Accreditation Program (OSAP)

- For vendors who perform outsourcing functions necessary to the business of other EHNAC-accredited organizations.

- Once an organization is OSAP accredited, other EHNAC candidates who use that outsourcer will not have to pay for additional site visits to that organization.

- This program covers a variety of functions, from product development and customer service to network administration and data center functions.

OSAP Subprograms

- Network Administrator

- Data Center

- Call Center

- DRP Site

- Media Storage

- Printing

- Product Development

- Scanning
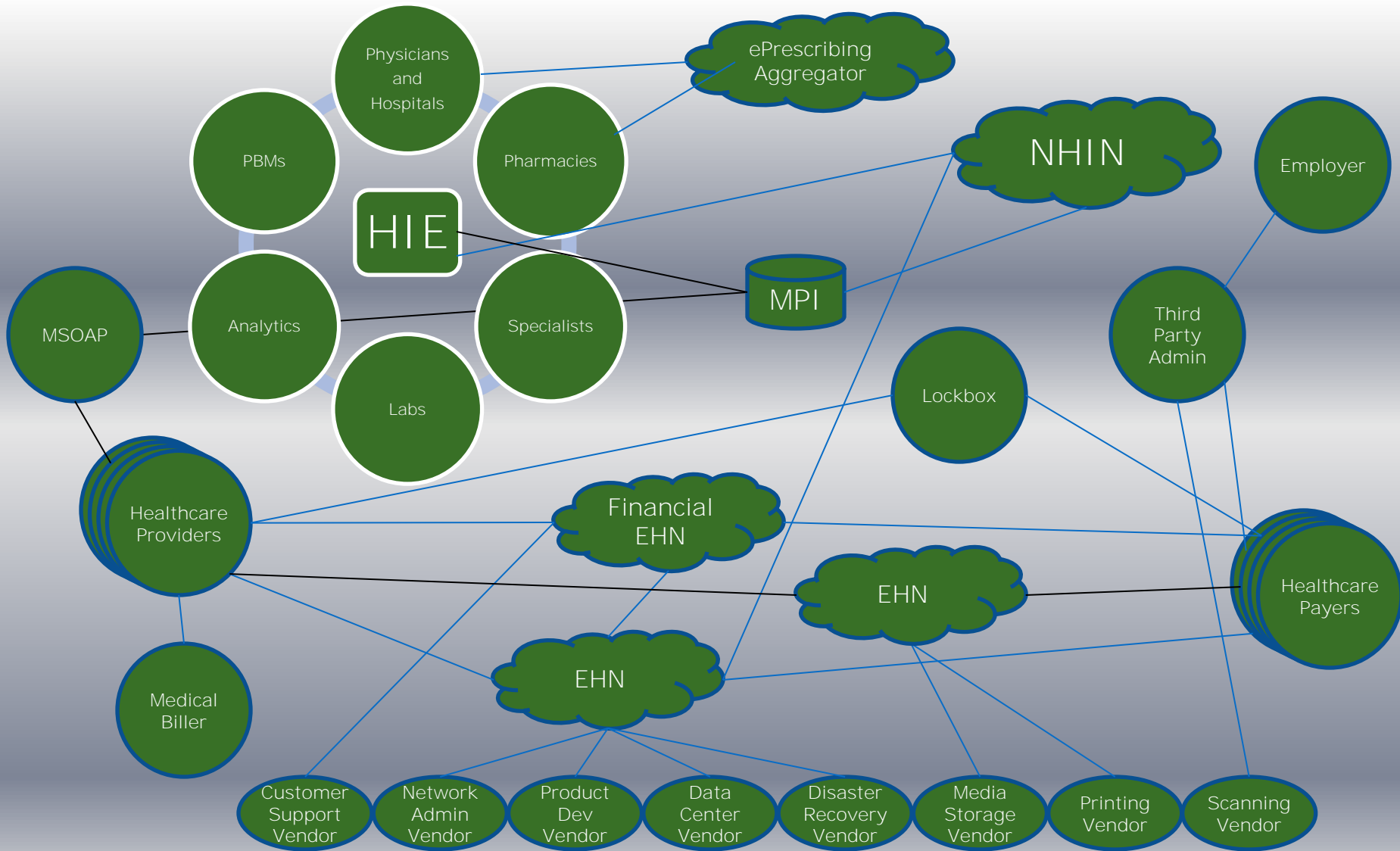
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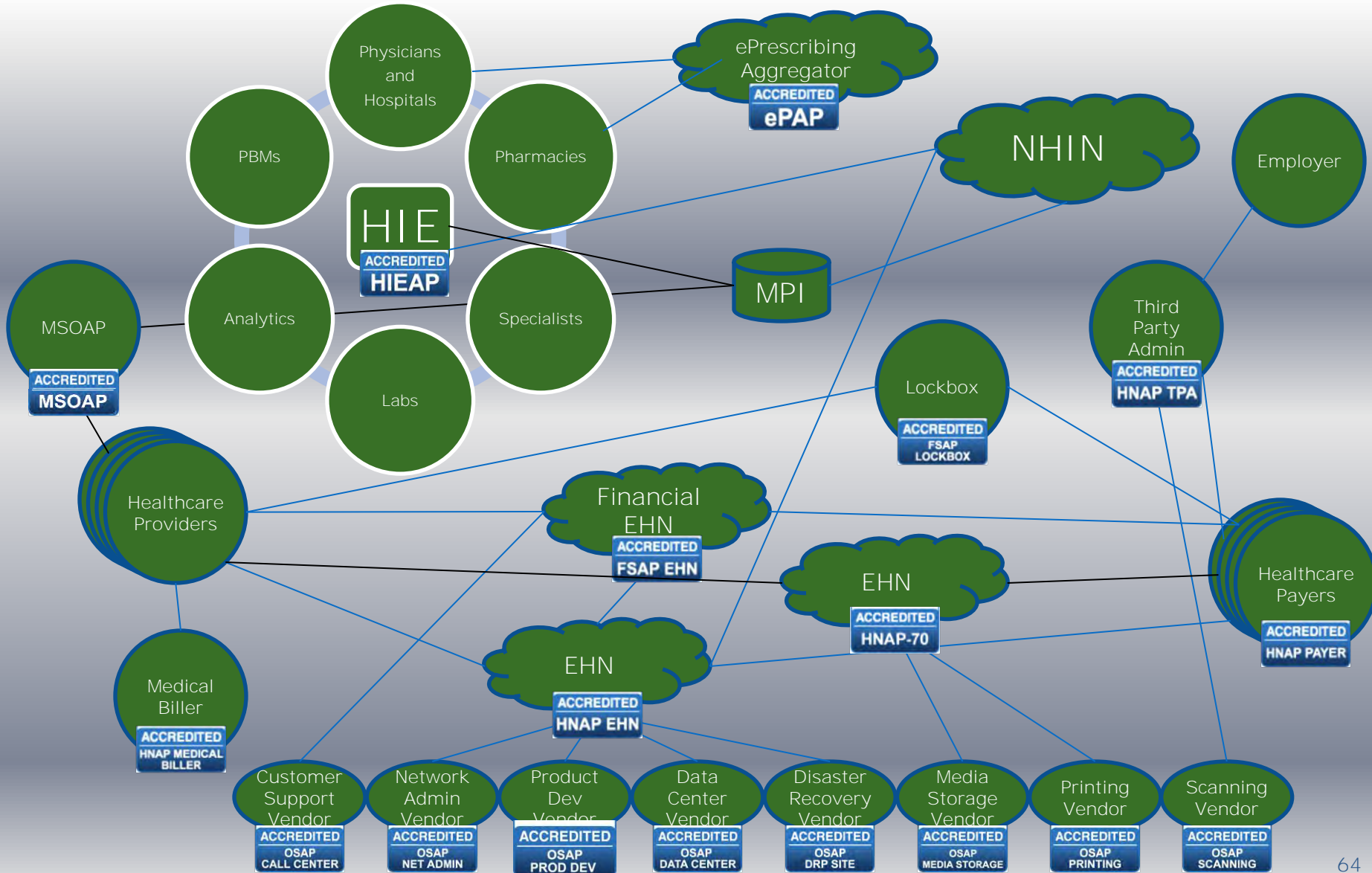
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