

Statement of Merri-Lee Stine
Aetna
Regarding the Health Plan Certification Process
National Committee on Vital and Health Statistics
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Overview and Introduction

My name is Merri-Lee Stine. I am a manager in the Provider eSolutions department at Aetna. Aetna is one of the nation's leaders in medical, dental, pharmacy, group life and disability insurance serving over 18 million members.

Aetna's Provider eSolutions organization is responsible for the innovation, promotion, training and support of electronic connectivity that enables our provider community to more efficiently manage their administrative, financial and clinical interactions.

Aetna is working diligently to implement the Affordable Care Act (ACA) administrative simplification provisions and supports efforts to simplify electronic processes between providers and health insurance plans.

A key element to the successful implementation of ACA's administrative simplification provisions is the careful adoption and implementation of the requirements set forth regarding partner testing and compliance. However, limiting the requirement to only health plans does not ensure consistency and compliance across an industry which has historically seen a wide variance in the adoption of transactions depending on the type of implementer.

The fact is that we will only get to true administrative simplification through consistent implementation of these transactions. Ensuring that consistent implementation may mean including not just health plans, but also providers, clearinghouses and practice management systems in the testing and compliance process.

Testing Experiences

As a large national payer, we have had significant experience with testing of transactions with multiple types of individual partners, both directly connected and through clearinghouses. This individual testing is resource draining, costly and can result in inconsistent results, due to the differences in testing efforts across partners.

Individual testing generally involves determining how you will connect, what environment will be available, drafting appropriate testing scenarios and finding test data. If the test data is not available, it must be created or refreshed each time. Once the data is in place, testing can be scheduled- often during specific

hours if there is a chance that the testing may affect production traffic, or requires staff that must be available to monitor the transactions. Once the tests are performed, the results must be reviewed, checked and double-checked. Questions regarding results go back and forth between the payer and the partner until both are satisfied. After all are satisfied, sign off can be given.

This process may be repeated for each submitter or receiver of a payer's transactions. That could include many partners.

We also have experience with our successful testing and certification process associated with the CORE Phase I and Phase II operating rules developed by CAQH CORE. The testing scenarios outlined by CORE were developed by a multi-stakeholder team and are consistently applied across types of implementers.

The process begins with a pledge- an agreement to abide by the Operating Rules- signed by an executive in the company. This is a challenge as anyone knows. Once you get that signature, the real work can begin.

Each scenario required that a specific set of test data be set up in our test system. Flexibility in the scenarios allowed us to set them up in a way that worked well in our systems, but the bulk of the work involved in the process was in test data set up. Our experience was that this process took several weeks to accomplish.

Once the test data was established in our test system, testing could begin. This testing was performed using a third party site that tested our compliance with the operating rules. Some of the rules required uploading of documentation- such as the cover page of our companion guides. Others required initiation of a transaction. These transactions ran end-to end and generated a response via the site, which evaluated the response for compliance with those rules.

During the testing process, we did find we had questions. We raised those questions during the process and found that we received responses. Some of those questions were related to the testing process itself- occasional issues running transactions, which were addressed to the testing vendor. Other questions of interpretation of the rules were addressed with both the testing vendor and CORE staff.

As part of our CORE Phase I and Phase II implementations, to ensure consistency in implementation, we also developed a requirement that our directly connected submitters also become CORE certified. This was accomplished as of February 2008.

Summary

- Testing and compliance is key to the successful adoption and implementation of ACA administrative simplification provisions
- Prior experiences of stakeholders must be a consideration when developing the rules around the testing and demonstration of compliance
- There is value in including all stakeholders, e.g., health plans, providers, clearinghouses, practice management vendors, to demonstrate compliance through testing
- Re-use of existing processes may mitigate some of the costs involved in this effort
- Experience tells us that any effort requiring attestation of a senior executive must be clear in its requirements.