

Contingency Planning: Addressing Critical Business Processes That Support Implementation of HIPAA Transactions

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Overview

- Definitions
- Risk Analysis
- Analyzing Risk Relative to HIPAA Impact
 - Identification of Critical Business Processes
 - Identification of Potential Failures
 - Business Impact Analysis
- Minimum Acceptable Levels
- Identification of Alternatives/Contingency
- Develop The COOP
- Testing
- Training & Updating the Plan
- Examples

• DISASTER RECOVERY PLAN:

The document that defines the resources, actions, tasks and data required to manage the business recovery process in the event of a business interruption. The plan is designed to assist in restoring the business process within the stated disaster recovery goals.

• CONTINGENCY PLAN:

A plan used by an organization or business unit to respond to a specific systems failure or disruption of operations. A contingency plan may use any number of resources including workaround procedures, an alternate work area, a reciprocal agreement, or replacement resources.

• DISASTER RECOVERY PLANNING:

The technological aspect of business continuity planning. The advance planning and preparations that are necessary to minimize loss and ensure continuity of the critical business functions of an organization in the event of disaster.

SIMILAR TERMS: Contingency Planning; Business Resumption Planning; Corporate Contingency Planning; Business Interruption Planning; Disaster Preparedness.

• CONTINGENCY PLANNING:

Process of developing advance arrangements and procedures that enable an organization to respond to an event that could occur by chance or unforeseen circumstances.

A COOP provides guidance on the system restoration for emergencies, disasters, mobilization, and for maintaining a state of readiness to provide the necessary level of information processing support commensurate with the mission requirements/priorities identified by the respective functional proponent. This term traditionally is used by the Federal Government and its supporting agencies to describe activities otherwise known as Disaster Recovery, Business Continuity, Business Resumption, or Contingency Source: Disaster Recovery Journal

- For consistency, use Continuity Of Operations Plan (COOP)
- COOP can be inclusive of all activities associated with previous terms
- Organizational readiness begins with clear recognition, understanding, and commitment to the scope of your COOP
- You get what you pay for

• How likely is it to occur?

~ and ~

• What impact would it have?

- Specify probability and criticality
 - Product of: (probability) x (criticality)
 - Probability: chance that the future event will occur (if present, it's a problem, not a risk)
 - Criticality: the impact of a future event(no impact = no risk)

- Degrees of probability
 - High nearly certain (80 99%)
 - Moderate probable, possible (20 80%)
 - Low improbable (< 20%)



More ranges may be appropriate

- Degrees of Criticality
 - High total failure or serious degrading of business function
 - Moderate impaired performance
 - Low little impact, but more than none
 - More ranges may be appropriate

Analyze Risk Relative to HIPAA

- Use accurate stats for your operations
 - Number of beneficiaries
 - Number of providers
 - Volume of transactions (by provider type, if possible)
 - \$ value of transactions
 - MCOs
 - Helpline/Hotline call volume
 - Payment cycles
 - Waiver programs
 - Contractors' roles
- Are there state-level coordination issues?

Identification of Critical Business Processes

- Identify events with potential to degrade ability to do business
 - Eligibility Inquiry & Response
 - Beneficiary Enrollment / Disenrollment
 - Authorization Request & Response
 - Claim / Encounter
 - Remittance / Payment
 - Claims Status Inquiry & Response

Identification of Potential Failures

Describe expected outcome of each event:



- Eligibility
 - Inquiry not possible (receipt, validation, processing)
 - Response not possible (generation, translation, transmission)
- Enrollment / Disenrollment
 - Enrollment not possible (generation, translation, transmission)
 - Disensollment not possible (generation, translation, transmission)
- Authorization
 - Request not possible (receipt, validation, processing)
 - Response not possible (generation, translation, transmission)

Identification of Potential Failures

Claim

- Claim receipt not possible (receipt, translation)
- Claim processing not possible (validation, adjudication)
- Remittance / Payment
 - RA not possible (generation, translation, transmission)
- Claim Status
 - Status inquiry not possible (receipt, validation, processing)
 - Status response not possible (generation, translation, transmission)

Identification of Potential Failures

- Identify users and areas likely and seriously affected
 - System areas modified but not tested thoroughly
 - System areas tested only internally (not tested via actual B-2-B)
 - Areas of end-user unfamiliarity (new processes, new outputs, new interfaces)
 - Trading partner issues (process, product)
 - Multiple degradations/failures, source of problem not easily determined
 - Trickle down effect, identify other business associates affected

- Identify business process affected
- Determine tolerance level if function(s) are degraded, disrupted, or completely unavailable

- Analyze process and ask "how BAD is it (really), if:"
 - Providers can't determine if patients are eligible, or what they're eligible for?
 - Recipients can't get enrolled into a health plan?
 - Medical services can't be authorized?
 - Claims aren't received electronically?
 - Claims can't be processed?
 (validated, adjudicated, rejected, archived, etc.)
 - Providers can't be paid?
 - Providers can't tell what the status of a claim is ?

What Is The Tolerance?

- Determine risk actions to be taken based on varying levels of tolerances for critical processes
 - Accept risk(do nothing)



Watch it (monitor)



Mitigate (reduce criticality and/or probability)



Plan for contingencies

- Document risk analysis (description and rationale)
- Prioritized listing of critical business processes
- Business processes should be identified, evaluated, and then ranked in order of importance

		Business Process:		
Dependency	Probability	Duration	Criticality Impact	Total Risk Score
Dep #1				
Dep #2				
Dep #3				

Business	# of beneficiaries impacted	# of providers impacted	% costs of this business process compared with total enterprise	% of monthly transactions	Political sensitivity	What's the adverse impact on beneficiaries	What's the adverse impact on providers	Total score
BP #1								
BP #2								
BP #3								
And so on								

Minimum Acceptable Levels

- Eligibility inquiries & responses
- Enrollments & Disenrollments
- Authorization requests & responses
- Claims receipt & adjudication of EDI and paper
- Remittance
- Claims Status inquiries & responses

Identification of Alternatives Selection of Contingency

• For each critical business process, identify all the possible alternatives (workarounds)

 Select ONE alternative for each business process / scenario

Each contingency needs to specify:

Assumptions (baseline parameters for planning)

Triggers (indication of failure)

ERT

Notification (who to tell)

Resource Assignments (who does what)

Procedures (the work-around)

Duration (for how long)

Monitoring (see how it goes)

- Analyze and document required resources to support the plan
- Establish command, communication, and control procedures for executing the plan; Includes:
 - Timely recognition of trigger of disruption
 - Designated plan invoker
 - Organized, responsive, and accessible emergency response team (ERT)

 Does your Incident Reporting mechanism work like this:



...or slightly faster..









- <u>Minimum Acceptable Level of Service</u>: This is some predetermined level of service. It may be a percent of volume or length of time, etc.
- Triggers: These are the specific failure points that cause a COOP to be invoked. Events may be separated from triggers by a period of time before the contingency is invoked
- Concept of Operations: The concept of operations is a short summary paragraph providing a macro level view of how the workaround will unfold

- Emergency Response Teams
 - ERTs are tailored for each business process
 - The information should include positions, names of "who" is assigned, function, and telephone numbers [work, home, cell, pager], etc.
 - Contact procedures for ERT members: This section should indicate "what" method will be used to contact the ERT members: e.g. phone trees with home/cell/work numbers, 'code' announcements for state employees, email, other alternate means

• Escalation of Problems and Reporting Procedures:

This is the information that is conveyed in the

Execution of the COOPs werbal written frequency

conducts and receives training, and "how". (Prep for doing the CPs, periodic, and just-in-time.)

testing and validating the COOP.

- Outreach Plan: This section explains "how" and "when" the Medicaid enterprise will communicate to beneficiaries and providers that contingency operations have started and ended
- <u>Plan Maintenance Procedures</u>: This section describes "how" the COOP will be reviewed, changed, updated and "who" is responsible
- <u>Day One Strategy</u>: Procedures for the initial transition to the COOP
- <u>Distribution</u>: This section lists "who" and "where" copies of the COOP are located

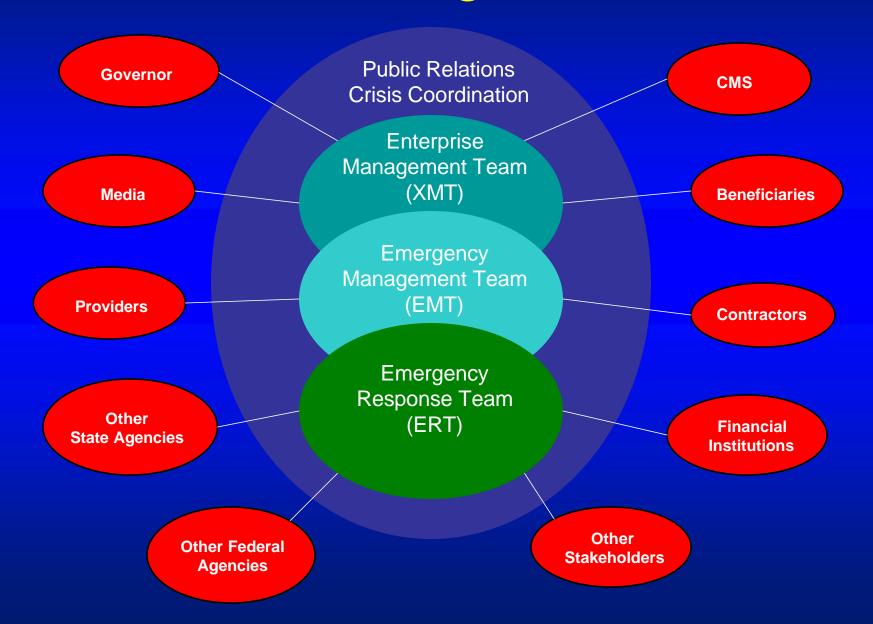
- <u>Disaster Recovery Plan</u>: This section may be where a copy of the DRP (May be your F/A) is located for reference (IT and infrastructure)
- <u>Alternative Strategies</u>: This section provides for the identification of all possible workarounds from which one is selected (with justification)

Example: Provider Claims

- hold all claims until system is recovered
- pay percentage of historical (previous month, quarter, year)
- pay prioritized list of providers most significantly impacted if not paid
- first in first out

- <u>Business partners affected</u>: This section should identify all the business partners / other agencies affected by the implementation of the COOP -- "who"
- Resources and cost estimates to implement the COOP: This is a list of those things necessary to execute the COOP -- "what"
- Restore to normal ops: This section contains procedures for transitioning back to normal operations after a contingency is no longer required

COOP Organization



COOP Testing

- Exercise COOP to ensure:
 - Adequacy of assumptions
 - Staff comprehension of COOP procedures
 - Under duress, staff can accomplish in expected timeframes, produce expected outcomes (for example, MALS)
 - Assigned COOP resources (alternate site, equipment, lines, ERT, etc.) are functional, available

Training

Raise Awareness

- Periodic presentations to team members, management, new employees
- Offer external COOP training, conference opportunities, create library of publications

Conduct Validation Exercises

- Desktop walk-thru or more realistic simulation "fire drill"
- Pre-exercise brief, audit the process, document progress, allow participant feedback, and debrief
- Establish change control procedures
- Establish uniform distribution of plan; version control



Updating the COOP

- As personnel change
- As situations change
- Cycle of continuous improvement

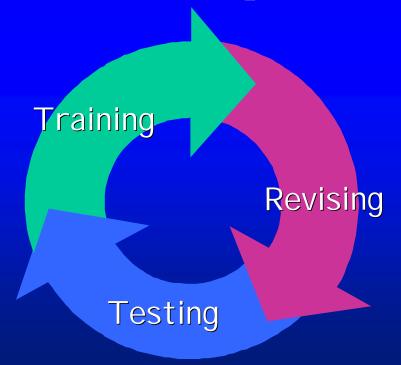
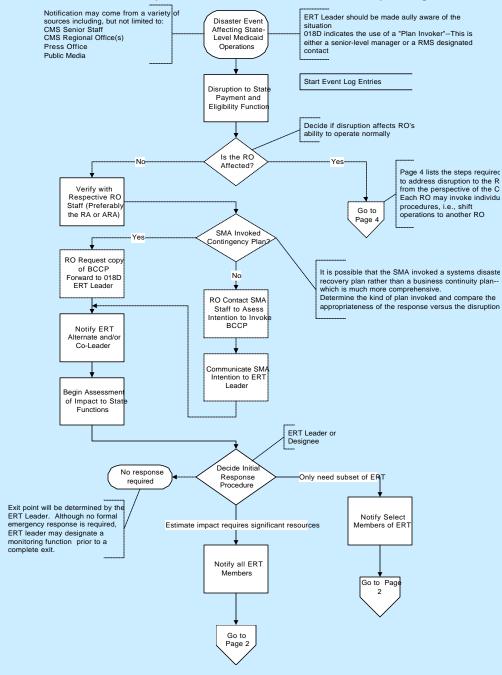


Table of Contents From Actual State BCCP/COOP Plan

- I. Introduction Current Business Process Overview
- II. Assumptions
- III. Concept of Contingency Operations
 - a. Responsibilities Rapid Response Organization:
 - i. Executive Team
 - ii. Operating Team
 - iii. Business Contingency Plan Managers
 - b. Incident Management Guide
 - c. Phone Trees
- IV. Eligibility Verification
- V. Claims Processing/Reimbursement Services
- VI. Systems Management
- VII. General Administration
- VIII. Managed Care
- IX. Chronic Care
- X. Acute Care
- XI. Legal and Regulatory
- XII. [Fiscal Agent] Disaster Recovery Plan



CMS Central Office Response Process for State-Level Disaster/Disruption-Page 1



	Gap Ar	Gap Analysis Renovation		ation	Testing Im			Implement	Implementation and Transition		Continuity of Operations		
business processes are listed as prompters to ensure these have been addressed in each phase of HIPAA implementation. The list serves as a	HIPAA Transaction and supporting business process assessed for HIPAA impact	Completed as	HIPAA Transaction and supporting system functions renovated	Completed as of	HIPAA Transaction with Associated Supporting Business and System Functions Tested End- to-End	Testing for	Completed as of	HIPAA Transaction with Associated Supporting Business and System Functions Implemented	Start Date of Implementa- tion of HIPAA Transaction	Completed as of	COOP Updated for HIPAA Transaction	Completed as of	Unable to Meet 10/16/2003 Deadline for HIPAA Transaction, Prioritze for COOP
be addressed for HIPAA implementation.	Y/N	Date or Expected Date	Y/N	Date or Expected Date	Y/N	Date or Expected Date	Date or Expected Date	Y/N	Date or Expected Date	Date or Expected Date	Y/N	Date or Expected Date	Indicate Priority
Professional Claim/ Encounter [837P]													
Inpatient Claim/ Encounter [837I]													
Dental Claim/ Encounter [837D]													
Pharmacy Claim/ Encounter [NCPDP]													
Claim Receipt and Translation Claim Adjudication/Pricing/Calculation Capitation Payment Managed Care Administration Fee Payment Institutional LTC Payment													
Premium Payment [820]													
Medicare Buy-in Premium Payment Private Health Insurance Premium Payment Non-Standard Claim Payment Mass Claim Adjustment Transaction Claim, Encounter, and Payment Communications													
Remittance Advice [835]													
Claims Payment Check/Warrant Processing													•
Claim Status Request, Voice/Fax/Electr	ronic												
Claim Status Response [277]	otronia												
Claim Status Response, Voice/Fax/Elec	CITOTHC												
Eligibility Verification Request [270]	.a.l.a												
Processing Request, Voice/Fax/Electro	riiC												
Eligibility Verification Response [271]	ronio												
Processing Response, Voice/Fax/Electronic Eligibility and Enrollment Notices and ID Documents Recipient Maintenance, Communication/TPL/Appeals/Lock-in Eligibility Data Exchange													
Enrollment Transaction [834]													
Enrollment Rosters to MCO													
Request for Auth. of Service [278]													
Response for Auth. of Service [278]													
Prior Authorization Receipt, Voice/Fax/Paper/Electronic Messages, Receipt/Acknowledge/Accept/Reject													

The following business processes are from Medicaid Administration and Utilization Management areas, which are impacted in varying degrees by some or all of the HIPAA transactions and would have to be addressed in all phases of HIPAA implementation from Gap Analysis through Continuity of Operations Planning. Utilization Review Review, Medical/Peer/Administrative Generate and Distribute EOMBs Catastrophic Case Management SURS – Establish System Parameters SUR Case Referrals for Investigation Provider Prepayment Review Retro DUR Fraud Detection Processing, Data Mining Quality Assurance, Medicaid/MCO/Enrollment Broker Rate Setting Rate Setting, Fee For Service/Managed Care/Co-Payment/Capitation Rates/Waiver Rates Rate Calculation, Institutional/Outpatient/Pharmacy/Clinic/Encounter/Non-Institutional Practitioner DME and Supplies Rates and Clinical Lab Fee Schedule Fees, Case Management/Administration Management Reporting Reporting, EPSDT/MSIS/HEDIS Decision Support Claims History Inquiry 1099 Production Public Health and Vital Statistics Reporting Financial Management Accounts Receivable/Payable/TPL Collection/Drug Rebate/Recoveries/Bank Reconcilliation Drug Rebate Drug Rebate Claim Selection Drug Rebate Invoicing Drug Manufacturer Response Processing **Auditing** Pharmacy Fill Fee Audit Cost Settlement Audits Quality Control Medicaid Eligibility Quality Control Claims Processing Quality Audits Translator Administration Translator Contract Management Mapping to Adjudication System Translator Maintenance Trading Partner Administration Data Exchange Information Acquisition Data Exchange Information Maintenance