ECLIPSE & Health Reform:

A Health Insurer's View

Nicolle Predl
Senior Health Information Manager
Casemix, Data Strategy & Development
Australian Health Service Alliance
Topics

- AHSA
- ECLIPSE
- HCP
- Climate
- Health Reform in the Private Sector
- Review of Private Health Collections
- The future…
Who is AHSA?

Service company representing a number of health funds, including:

- Australian Unity
- GMHBA
- CBHS
- Defence Health

Formed in 1994 to provide management services to these funds

- Meet conditions of registration

Funds able to respond more effectively to industry changes:

- Health reform
- ECLIPSE
- .....among others
Main focus public sector

- Flow on effect to private sector

IHPA – Independent Hospital Pricing Authority

- AHSA represented on Stakeholder Advisory Group
- Involvement in methodology for setting of NEP and related payment model issues

Directive to improve data for comparison

- Public and private
- Alignment of HCP to ECLIPSE
- Streamlining of processes
- ‘Single provision, multiple use’
Electronic Claim Lodgement & Information Processing Service Environment

- Developed by Medicare Australia in collaboration with the healthcare industry and the medical software industry
- Online claiming can be used for the communication of health information, medical and hospital claims between connected entities
- Conforms to current privacy and legislative requirements
secure connection between practices, public and private hospitals, billing agents, Medicare & health funds

| Electronic Remittance Advice (ERA) | Online Eligibility Checking (OEC) | Multiple Patient Verifications (MPV) | Inpatient Medical Claiming (IMC) | In Hospital Claiming (IHC) |
IHC Flow Diagram

ECLIPSE HUB (Medicare)

IHC Claim

IHC Acknowledgement

IHC Assessment

Health Fund
Hospital Casemix Protocol (HCP)

Legislated collection of the hospital stay of privately insured patients:

- Episode
- Medical (inpatient)
- Prosthesis
- AN-SNAP (for rehabilitation)

Similar to state collections, with some differences:

- Private patients only
- Private hospitals, public hospitals and day facilities
- Contains financial information (charges and benefits)
- Reported to DoHA by funds
- Identical in structure to Private Hospitals Data Bureau (PHDB)
HCP & Claiming Process: Non-AHSA Funds

HCP: Hospital Medical Prosthesis AN-SNAP

Hospital HCP Data
AN-SNAP Data (if applicable)

Prosthesis Claim

Hospital Claim (by DRG, MBS)

ECLIPSE Hub

Health Fund

Manual

Manual

Claims

Data
HCP & Claiming Process: AHSA Funds

Prosthesis Claim
Hospital Claim (by DRG, MBS)

Claim
Hospital Claim
ECLIPSE Hub
Manual
Manual

Health Fund
Hospital HCP Data
AN-SNAP Data
(if applicable)

Hospital HCP AN-SNAP
Episode Medical Prosthesis AN-SNAP

HCP:
Hospital Medical Prosthesis AN-SNAP

Australian Government
Department of Health and Ageing
Climate (2010)

DHS Medicare (Medicare Australia) and DoHA operating in isolation
- Little understanding of each others issues
- Deadlines and timeframes
- Funding

HCP initially included in ECLIPSE message (2005), not maintained
- Missing mandatory fields
- Field size changes
- Impending HCP changes not catered
- AN-SNAP

Extensive Duplication of reporting for private hospitals
- Health Funds (HCP)
- States (e.g. PRS2, ISAAC)
- DoHA (PHDB)
The Need for Streamlining.....
Private Hospital Collection Review

DoHA engaged KPMG in early 2011
- Extensive stakeholder consultation

Driven by Reforms
- Single provision, multiple use
- Comparability

Objectives
- increase the collection, management, and handling efficiency of private hospital data
- support increased comparability between public and private sectors
Key recommendations

Streamlining of Reporting

- Investigate a common file format data fields common to PHDB, HCP and NMDS
- Generic specification for all fields common to the NMDS
- Investigate the feasibility of data linking between states and insurers for improved HCP

ECLIPSE

- The ECLIPSE record specification be updated to permit transmission of current format HCP data
- The ECLIPSE record specification be maintained to ensure its ongoing capability to transmit HCP

Source: KPMG, Private Hospital Data Collection Review Final Report
Climate 2012

Additional KPMG project commissioned by DoHA

- “Private Hospital Data Collection Harmonisation” project
- Address duplication issues for private hospitals

Industry cross-representation

- DoHA and fund representatives with HCP experience now part of the ECLIPSE Reference Group
- Medicare now represented on the HCP Health Fund Working Group
- Greater consultation between PHDB and HCP Working Groups

Project team set up to align ECLIPSE and HCP for Nov12

- Extensive stakeholder input (insurers, hospitals, software vendors, DoHA, Medicare, etc.) – STAGE 1
Stage 1

Prosthesis Claim

Hospital Claim (by DRG, MBS)

HCP

ECLIPSE Hub

Health Fund

Hospital HCP Data
AN-SNAP Data (if applicable)

HCP
Hospital
Medical
Prosthesis
AN-SNAP

✓ completed, for 1 Nov 12
Proposed Stage 2

HCP:
Hospital Medical Prosthesis AN-SNAP

HCP:
Health Fund

Hospital HCP Data
AN-SNAP Data
(if applicable)
Challenges

Not all hospitals on ECLIPSE

- Smaller facilities
- THELMA
- Will some ever move?

Not all claims go through ECLIPSE

- Self insured
- Motor vehicle accident
- Workers Compensation

Reconciliation

- HCP extract versus part of ECLIPSE message
- Effective streamlining?
Summary & Conclusion

Health reform brings change, but exciting times

- Streamlining of HCP and PHDB possible in the medium term
- Precursor for full streamlining ‘single provision, multiple use’ to NMDS

Huge potential for reduced reporting burdens across the board

- Future possibilities to involve state health departments through ECLIPSE or other trusted third party

Major benefits to the industry

- Claims verification
- Data accuracy
- Significant reduction in turnaround time
- Reduction of duplication