# Health Record and Payment Integration Program Advisory Committee

## KEY THEMES, DRAFT RECOMMENDATIONS, & SUPPORTING RATIONALE

**BACKGROUND**

Senate Bill 896, *Health Record and Payment Integration Program Advisory Committee,* was passed during the 2018 legislative session. The law (Chapter 452) required the Maryland Health Care Commission (MHCC) to convene interested stakeholders (Advisory Committee) to conduct a feasibility study as it relates to creating a health record and payment integration program (program) for specific aspects of a program required in the law.

**APPROACH**

Reflecting on Advisory Committee discussions to date, including information gathered in the discussion items/grids document, the Draft Recommendations Subcommittee (Subcommittee) identified key themes and conceptual ideas for each study component required in the law. Deliberations among the Subcommittee were used to develop draft recommendations and supporting rationale. Note: This document serves as a working draft for framing key elements of draft recommendations and does not represent consensus among the Advisory Committee or Subcommittee.

**STUDY COMPONENTS**

**1.  Feasibility of creating a health record and payment integration program**

*Key themes:*

    A.  Policy and technical complexities

    B.  High start-up and maintenance costs

    C.  Existing investments/trade-offs

    D.  Unclear attributable cost and difficulty demonstrating return on investment

*Response/Draft Recommendation:*

*Supporting Rationale:*

**2. Feasibility of incorporating administrative health care claims transaction into CRISP**

*Key themes:*

Primary

    A.   Unclear value proposition of specific use cases

    B.   Legal issues pertaining to data ownership

    C.   Exclusions (e.g., self-insured plans)

    D.   Cost and resources to manage connecting 30+ clearinghouses

    E.   High start-up and maintenance costs

Secondary

    F.   Lag time in claims processing

    G.   Trade-offs of using pre or post-adjudicated claims

    H.   Provider education

    I.   Self-pay by patients

    J.   Paper claims

*Response/Draft Recommendation:*

*Supporting Rationale***:**

**3. Feasibility of establishing a free and secure web–based portal that providers can use, regardless of the method of payment being used for health care services to create and maintain health records and file for payment for health care services provided**

*Key themes:*

A.  Challenges gaining stakeholder buy-in due to widespread adoption of electronic health record (EHR) technology and billing systems

B.  Force of law (mandate) would not be embraced

C.  Time and resources required to design, develop, and implement

D.  High start-up and maintenance costs

E.  Existing investments/trade-offs

F.  Interoperability

G.  Securing sustainable funding source(s)

H.  Identification of responsible party (i.e., State or vendor) for the work

*Response/Draft Recommendation:*

*Supporting Rationale:*

## 4. Feasibility of incorporating the Prescription Drug Monitoring Program (PDMP) data into CRISP so that prescription drug data can be entered and retrieved

*Key themes:*

 A.  PDMP mandate for Controlled Dangerous Substances (CDS) (COMAR 10.47.07)

 B.  Legislation passed in 2018 to explore feasibility of developing a repository of non-CDS data

*Response/Draft Recommendation:*

*Supporting Rationale:*

## 5.  Approaches for accelerating the adjudication of clean claims

***Key themes:***

<u>Primary</u>

    A.   Unknown concern/need to justify reducing 30 day prompt pay requirement

    B.   Majority of claims adjudicated during the first pass (not requiring manual intervention)

<u>Secondary</u>

    C.   Timely filing requirement (180 days from date of service)

***Response/Draft Recommendation:***

***Supporting Rationale:***

**6.  Any other issue that MHCC considers appropriate to study to further health and payment record integration**

*Key themes:*

    A.   Single identification number

    B.   Magnetic stripe cards

*Response/Draft Recommendation:*

*Supporting Rationale***:**