



Health Record and Payment Integration Program

Advisory Committee

CHARTER

Purpose

During the 2018 legislative session, Senate Bill 896, *Health Record and Payment Integration Program Advisory Committee*, was passed and requires the Maryland Health Care Commission (MHCC) to establish a Health Record and Payment Integration Program Advisory Committee (or Advisory Committee). The Advisory Committee will consist of representatives from managed care organizations; health care providers and facilities; health care suppliers; pharmacies; and health insurers and carriers. The Advisory Committee is tasked with conducting a study to assess the feasibility of creating a health record and payment integration program, including:

- feasibility of incorporating administrative health care claim transactions¹ into the State-Designated Health Information Exchange (HIE), the Chesapeake Regional Information System for our Patients (CRISP);
- 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;
- feasibility of incorporating the Prescription Drug Monitoring Program data into CRISP so that prescription drug data can be entered and retrieved;
- approaches for accelerating the adjudication of clean claims;² and
- Any other issue that MHCC considers appropriate to study to further health and payment record integration.

The MHCC is required to report on or before November 1, 2019 to the Governor and General Assembly detailing findings and recommendations from the study.³ If the Advisory Committee recommends that a health record and payment integration program be created, the report needs to include proposed statutory language to establish and maintain the program and an estimate of funding required to support the program.

¹ A transaction exchanges information electronically between two parties to carry out financial or administrative activities related to health care (e.g., a health care provider sends a claim to a payer for payment of medical services).

² A clean claim is free of errors when initially submitted and can be processed by a payer without the need for additional information.

³ A study and report was recommended rather than advancing an original version of House Bill 1574 that would have tasked MHCC with the development and implementation of a health record and payment clearinghouse pilot with the State-Designated HIE.

Background

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) required the Department of Health and Human Services to adopt standards for the secure exchange of electronic health care transactions among HIPAA-covered entities, including claims, enrollment, eligibility, payment, and coordination of benefits. Use of electronic transactions increases efficiencies in operations, improves quality and accuracy of information, and reduces overall costs to the health care system. The Affordable Care Act in 2010 includes additional provisions that address use of administrative transactions established by HIPAA. These provisions include operating rules for the existing transactions, unique identifiers for health plans, and electronic funds transfer and electronic health care claims attachments.⁴

Rationale

Administrative costs for health care in the United States are considered to be highest in the developed world, and such expenditures do not have an apparent link to better quality care.⁵ Increasing efficiencies can be accomplished by simplifying procedures, which can, in part, be attributed to optimized use of health information technology.⁶ Expanding utility of the infrastructure already in place by the State-Designated HIE could provide a pathway to advance electronic health care record keeping, billing, payment, and reporting.

Approach

The MHCC will convene meetings of the Advisory Committee to discuss specific policy matters related to a health record and payment integration program. The MHCC anticipates that some discussions will potentially require the formation of subgroups, and it is likely that subgroups will have a Chair appointed by MHCC. In addition to presiding at meetings, a subgroup Chair will take an active role in guiding and developing policy recommendations, among other things.

Meetings

All meetings of the Advisory Committee are open to the public.⁷ A simple majority of Advisory Committee members shall constitute a quorum for convening meetings. The majority of meetings will take place via teleconference. In-person meetings will be held at MHCC offices or another location if circumstances permit; members are strongly encouraged to attend on-site; however, teleconference information will be made available. Members participating via teleconference shall count for quorum purposes, and their position (i.e., support, oppose, abstain) on matters will be recorded. Reasonable notice of all meetings including date, time, teleconference information, and location (if applicable) will be provided by email to all members of the Advisory Committee. Information on meetings is posted on MHCC's website [here](#).

⁴ For more information, visit: www.cms.gov/Regulations-and-Guidance/Administrative-Simplification/Transactions/TransactionsOverview.html.

⁵ D. U. Himmelstein, M. Jun, R. Busse et al., "A Comparison of Hospital Administrative Costs in Eight Nations: U.S. Costs Exceed All Others by Far," *Health Affairs*, Sept. 2014 33(9):1586–94.

⁶ OECD (2017), *Tackling Wasteful Spending on Health*, OECD Publishing, Paris, dx.doi.org/10.1787/9789264266414-en.

⁷ As a State agency, MHCC follows the Open Meeting Act.

Timeline and Deliverables

Meetings are anticipated to be held over the next year starting in July 2018 and take place about every four to six weeks; additional meetings may be needed if a discussion topic warrants continued deliberation about a proposed recommendation. The output from these meetings will be compiled into a final draft report targeted for release in July 2019. The report will include the names of all Advisory Committee members, meeting work papers, and recommendations that could influence future legislation.