



Health Record and Payment Integration Program Advisory Committee Draft Recommendations Subcommittee

November 27, 2018

Meeting Summary

Key discussion items include:

- The Draft Recommendations Subcommittee (subcommittee) reviewed a preliminary draft of key themes and conceptual ideas as a first phase in framing informal draft recommendations. The discussion took into consideration concepts identified in the discussion items/grids document as it relates to potential benefits, barriers/challenges, and solutions for creating a health record and payment integration (program) as required in law ([Chapter 452](#)).
- There was general consensus among the subcommittee to find ways that maximize the existing infrastructure as opposed to design, development, and implementation of a new infrastructure for a program. Participants acknowledged existing investments made by the industry and federal efforts, such as the 21st Century Cures Act (Cures Act), to increase momentum in maximizing the promise of health information technology.
- Discussion about the feasibility of incorporating administrative health care claims transactions into the State-Designated Health Information Exchange (HIE) noted several technical and policy complexities, including potential legal issues pertaining to ownership of claims data and incomplete data due to lag time in claims processing and exclusions, such as self-insured plans (*Gobeille v. Liberty Mutual Insurance Company*). Participants also noted how the Cures Act aims to improve ownership of health care data for consumers.
- In terms of feasibility of establishing a free and secure web-based portal for providers to create and maintain health records and file for payment, the subcommittee reiterated points about widespread adoption of electronic health records (EHRs) and the potential need for an EHR solution for just less than 15 percent of providers.¹ Given State and federal programs over the last ten years to support EHR adoption and cost associated with making an EHR solution available to providers, participants did not identify a compelling reason why an intervention by the State would be needed.
- The subcommittee agreed there was no need (or force of law required) to accelerate the adjudication of clean claims.
- Exploratory discussions about magnetic stripe cards or smart card technology and unique patient identifiers and matching algorithms noted some privacy concerns, challenges with administrative costs, and downstream issues if implemented.
- *Upcoming Meeting: The subcommittee will convene again virtually on Wednesday, December 19, 2018 from 2:00 to 4:00pm EST. Please contact Justine Springer at justine.springer@maryland.gov if you would like to participate.*

¹ A large portion of these providers tend to specialize in behavioral health or are nearing retirement.