Health Record and Payment Integration Program Advisory Committee

KEY THEMES AND CONCEPTUAL IDEAS FOR CONSIDERATION

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, MHCC identified supporting key themes and conceptual ideas from a practical standpoint for study components (items 1 through 3) required in the law. Consideration of key themes and conceptual ideas will be used to facilitate discussion among the Draft Recommendations Subcommittee and guide development of informal draft recommendations to be presented at the December Advisory Committee. Note: Key themes and conceptual ideas take into consideration concepts identified in the discussion items/grids document. This is not an exhaustive list nor does it represent consensus among the Advisory Committee. This document serves as a working draft for framing key elements of draft recommendations.

KEY THEMES/CONCEPTUAL IDEAS

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

A. Policy and technical complexities insurmountable
B. Unknown cost/benefit and policy impact
C. Barriers/challenges identified outweigh potential benefits

Potential Recommendation: *Rely on investments already made by the industry that supports the existing technical infrastructure and minimizes disruption in a highly competitive market*

1i. Feasibility of incorporating administrative health care claims transaction into CRISP

A. Mandate/force of law to require EHNs to report claims data to CRISP and enforce policy requirements, potential vendor challenges to such a mandate
B. Time required to develop and test connecting over 30 national electronic health networks (EHNs or clearinghouses)
C. Obtaining adequate and sustainable funding sources for the high cost of this work and demonstrating return on investment (ROI)
D. Phased-in approach would take up to five years to complete integration
E. Value-proposition unclear or not existing in the minds of many stakeholders
F. Evolving value-based reimbursement models (e.g., bundled and capitation payments) reduce claims value

G. Timeliness and accuracy of claims data
H. Provider and consumer education/consent

Potential Recommendation: *Explore benefits of specific use cases for select claims data; appropriate data elements in an 837 that could provide value in care delivery*

1ii. 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

A. Widespread adoption of certified electronic health record (EHR) technology already exists, less than ten percent of providers might consider such a solution
B. Significant investments in billing systems already made by health care organizations, contracts signed spanning many years
C. Technical support and training
D. Design (or evaluation and selection), development, and implementation would require about five years to implement
E. Obtaining adequate and sustainable funding sources for the high cost of this work; no reliable evidence exists that suggests there would be a return on investment (ROI) in the short-term or long-term
F. Interoperability challenges could result in a decrease in quality of care leading to mistrust of the solution by providers

Potential Recommendation: Educate providers that have not adopted an EHR or practice management solution on opportunities that minimize cost by leveraging existing web-based solutions made available for free by some vendors and all payers

1iii. Feasibility of incorporating the Prescription Drug Monitoring Program data into CRISP so that prescription drug data can be entered and retrieved

A. Data on Controlled Dangerous Substances (CDS) dispensed in Maryland is already made available through CRISP (COMAR 10.47.07)
B. Workgroup convened by MHCC (as required by Chapter 435) to assess the benefits and feasibility of collecting non-CDS data and making that information available to providers at the point of care

Potential Recommendation: *None*

2. Approaches for accelerating the adjudication of clean claims

A. No demonstrated need exists for statutory change to meet the spirit of the law around prompt payment of claims
B. About 88 percent of claims are adjudicated during the first pass and within a few days of receipt
C. The Maryland Insurance Administration has not reported a need to change the statute

Potential Recommendation: *None*

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