



# Public Health – State Designated Exchange – Clinical Information

## LEGISLATIVE UPDATE – BRIEFING

DECEMBER 16, 2021



# Overview

- ▶ Legislation passed in 2021 (Chapters 790 and 791) requires certain entities to submit electronic information to the State Designated health information exchange (HIE), CRISP
  - Nursing homes - clinical information
  - Electronic health networks (EHNs) - administrative health care transactions (administrative transactions)
- ▶ The law authorizes CRISP to make information available to health care providers, HIE users, and State and federal officials to:
  - Facilitate a State health improvement program
  - Mitigate a public health emergency
  - Improve patient safety

*Note: Administrative transactions are the electronic exchange of information between two parties to carry out financial or administrative health care related activities – see Appendix for more information and a list of EHNs operating in Maryland*



# Overview *(continued...)*

- ▶ The law provides for the protection of health information by limiting redisclosure of financial information, restricts information from individuals who have opted-out of information sharing, and restricts data from health care providers that possess sensitive health care information
  
- ▶ The law requires the Maryland Department of Health (MDH) to identify appropriate funding to support implementation, and requires MHCC to report on funding the requirements and the sustainability of the technical infrastructure
  - An update to the Governor and General Assembly on the availability of funding and technical infrastructure sustainability is due on or before January 1, 2022



# Need and Rational

- ▶ Data-driven approaches using health IT are essential to help ensure there is greater opportunity for individuals to achieve their full health potential across all populations and communities in the State
- ▶ Electronic health information is a catalyst to improve health care delivery and population health; linking different data sources is a significant step to enhance data required to achieve better quality and health outcomes
  - CRISP will combine datasets from multiple sources to inform decision making at the point of care
- ▶ Longstanding information gaps attributed to inaccessible, incomplete, and ill-timed information can result in patients having a prolonged hospital stay or unneeded readmission after hospital discharge

*Sources 1 and 2*



# Nursing Home EHR Integration with CRISP

- ▶ Nursing home EHR system integration with CRISP is essential to ensure a treating provider can access a patient's clinical information when a transfer or discharge occurs
  - The recognized benefits of HIE to patients and providers has not translated into wide-spread adoption and measurable improvement in health outcomes
- ▶ Increased HIE diffusion will address existing challenges around access to critical information to support high-quality care and necessary care coordination when older adults transfer between nursing homes and hospitals
  - The consequence for patients today is regularly prolonged hospital stays or another readmission after the initial hospital discharge

Source 3



# EHN Administrative Transactions – Support for Population Health Program

- ▶ EHNs route administrative transactions electronically between providers and payors, which historically had been performed by paper using the postal system
  - A value-add to providers and payors by validating administrative transactions for completeness and accuracy, monitoring the status of each administrative transaction, and retaining transaction backup files
  - Reduces administrative overhead as the payor cost to process electronic claims is around 7 percent of the paper cost, and the provider cost to generate an electronic claim is about 47 percent of the paper cost

*Note: Payor claim submission cost per administrative transaction is around \$1.18 for manual and \$0.08 for electronic. Provider claim submission cost per administrative transaction is about \$2.52 for manual and \$1.19 for electronic*

Source 4

# HIE EHN Administrative Transactions Integration



- ▶ In 2015, MHCC funded a demonstration between CRISP and two EHNs to determine if different standards used by EHNs could be converted to HIE standards
  - The demonstration was successful and included around 32 practices, 68 providers, and 16,000 administrative transactions
  - Challenges identified include scaling to meet high administrative transaction volumes, extracting select data elements from an administrative transaction type, identification of specific use cases, and data timeliness
- ▶ Staff convened several EHNs in September 2021 to explore technical and policy challenges to implementing the law
- ▶ Discussions are underway with The Cooperative Exchange, The National Clearinghouse Association to gain a deeper insight into the challenges to ensure policies are thoughtfully crafted to meet the aims in law

# Funding



- ▶ Federal Medicaid matching funds will cover most of the technology costs up to 90 percent; matching funds are provided through HSCRC hospital assessments and MDH grants
  - Ongoing costs will be included in the annual CRISP MDH grant request and HSCRC funding request
  
- ▶ Costs to integrate with CRISP:
  - Approximately \$330,000 annually to support connectivity with two EHR vendors that support about 90 percent of nursing homes in the State (PointClickCare \$250,000 and MatrixCare \$80,000)
  - Roughly \$180,000 annually required to integrate EHN administrative transactions; actual cost will be higher or lower depending on administrative transaction volumes and use cases
    - EHNs see value in sharing administrative transactions for public health purposes, a long-term funding source will be critical to engaging the industry

*Note: See Appendix for more information on nursing home EHR vendor share*

# Next Steps

- ▶ In 2022, CRISP will integrate with PointClickCare and MatrixCare and seven EHNs that process nearly all (99.6 percent) administrative transactions statewide
- ▶ Staff has begun working with stakeholders to identify clinically relevant use cases where EHN administrative transactions combined with other data can improve care delivery and public health





# The End Questions?



# Sources

1. ONC, *Health IT Playbook - Section 10 Population & Public Health*. Available at: [www.healthit.gov/playbook/population-public-health/](http://www.healthit.gov/playbook/population-public-health/)
2. Health Catalyst, *Health Equity: Why it Matters and How to Achieve it*, March 2018. Available at: [www.healthcatalyst.com/insights/health-equity-why-it-matters-how-to-achieve-it/](http://www.healthcatalyst.com/insights/health-equity-why-it-matters-how-to-achieve-it/)
3. EHR Intelligence, *Health Information Exchange Tools Needed in Nursing Homes*, June 2015. Available at: [ehrintelligence.com/news/health-information-exchange-tools-needed-in-nursing-homes](http://ehrintelligence.com/news/health-information-exchange-tools-needed-in-nursing-homes)
4. 2020 CAQH, *Closing the Gap: The Industry Continues to Improve, But Opportunities for Automation Remain*. Available at: [www.caqh.org/sites/default/files/explorations/index/2020-caqh-index.pdf](http://www.caqh.org/sites/default/files/explorations/index/2020-caqh-index.pdf)



# Appendix

# HIPAA Administrative Transactions



- ▶ HIPAA required the Department of Health and Human Services (HHS) to adopt national standards for electronic administrative transactions; these include:
  - Payment and remittance advice
  - Claims status
  - Eligibility
  - Coordination of benefits
  - Claims and encounter information
  - Enrollment and disenrollment
  - Referrals and authorizations
  - Premium payment
- ▶ Health care providers and health plans are required to comply directly or may use an EHN

# EHNs Operating In Maryland



1. Ability Network Inc.
2. ACS EDI Gateway, Inc., a Xerox Company
3. Allscripts Healthcare, LLC
4. AthenaEDI
5. Availity, LLC
6. Carestream Dental, LLC
7. Cerner Corporation
8. Change Healthcare
9. Cyfluent, Inc.
10. EDI Health Group, Inc.
11. Experian Health
12. Eyefinity, Inc.
13. Inmediata Corp.
14. InstaMed Communications, LLC
15. NantHealth, Inc.
16. nThrive, Inc.

# EHNs Operating In Maryland *(continued...)*



17. Office Ally, LLC

18. Optum

19. Optum 360 Formerly CareMedic

20. PNC Bank, NA

21. PNT Data Corp.

22. QS/1 Data Systems

23. RelayHealth

24. Smart Data Solutions, LLC

25. The SSI Group, LLC

26. Surescripts

27. Tesia Clearinghouse, LLC

28. TransUnion Healthcare, LLC

29. TriZetto Provider Solutions, LLC

30. Waystar

# Nursing Home EHR Share



Vendor Name	Share (%)
MatrixCare	13
<u>PointClickCare</u>	77
Other <sup>53</sup>	10

Source: MHCC Annual Long Term Care Survey, 2020