

Health Information Technology and Health Information Exchange Topical Area Meeting
Billing, Eligibility, Other Administrative Data
August 21, 2006

Vision

- Using phone calls and internet to check for eligibility
 - Looking into new systems, but companies they deal with aren't in system
 - System cost:
 - Not billing for pharmacy
- Outcomes gathered by paper or sent electronically
 - Submission of outcomes should be more seamless and less labor intensive
- Have eligibility and billing function integrated into one system
- Assignment of UCI number in real time
- State and local systems integrated (county, RHIO integrated with state)
- Continued cost savings of the development and implementation of an electronic signature
- Allows staff to concentrate on other work functions
- One website for the state of OH that people can go into to find out if person is insured/eligible
 - insurance registry
- Which data to send
- Electronic prior authorization; faxed response (not have to wait on phone)
- State organization that facilitates exchange
 - Standard setting
- More proactive role for department of insurance
- State billing system
 - Computer that allows queries for insurance coverage
 - Input billing data
 - Allows for payment of bills electronically
- Payer based health record; based on information from paper claims
- State "Public Utility": basic structure at lost cost, allow billing to insurers

Barriers to HIT Adoption

- Infrastructure needed for EHRs
 - Many sites do not have networking capabilities
 - Hardware capabilities
 - Software capabilities
- Cost to purchase
 - Train
 - Workflow analysis
- Everyone is trying to build on what they currently have, look to buying a system that is compatible with current software
- Well designed system to get electronic authorization
- Available to Desktop 837 product, or vendor transaction, to HUB, or in person
- IT Budget not distributed across direct services
 - Knowledge that this needs to be distributed across services

- Ability to check/verify spend down
- People's choice to opt-in/opt-out

Barriers to HIE Adoption

- Delay in getting a UCI number which is needed for to bill Macsis (multi-agency community services information system)
 - Manual/intensive work to secure number/ many errors
 - Lots of faxes/with errors
 - Bill sent electronically
 - UCI non-match can hinder sending of data
 - Most providers has software that can create 837 forms
 - Medication eligibility can be reversed, 60-90 days after forms are submitted
 - Bill monthly
- Income verification more than once if patient is receiving state dollars
- Right/ability to see mental health data
- Substance abuse patients might not want employer/insurer to see information
- Insurance companies not required to provide more than eligibility information
- People are reluctant to give data to anyone because of HIPPA (institutional)
 - Do not want to compare quality
- Using HIPPA as an excuse not to send data (access to billing/eligibility data would be helpful)
- Assumption that we can not share information because it will be used in the wrong way
- Tighter rules on sharing specific data (AIDS/Mental Health)
- Communication
- Revisit requirements of providers for sending data to the state (with provider review)
 - standardize

Policy Options HIT Adoption

- Payers reimbursed for electronic record keeping
- Equitable cost distribution reimbursement policy across the state/ADAMS boards
 - Includes administrative cost for IT
 - For electronic record keeping (any records not just health)
- Plan to enhance fast connect ability, among communities and eliminate and reduce dial-up and digital divide
- Low-interest loans, grant, subsidies from public or private dollars
 - Outcomes driven
- Pooled purchasing system (EHR)
- Group sessions to provide training/tap into current organizations that can provide training
- Tie workflow to quality and cost
- Without t1 line/web-based opportunity for billing
- Dayton Concept: Central repository that community partners can use.
 - Pay per transaction or batch/use with proper authorizations
 - Multiple care setting users with defined set of viewers

Policy Options HIE Adoption

- Build data port, see if covered for what, might reduce phone calls
- State Utility
 - Local utility
- Voluntary or required insurance participation
- Integrate billing (public dollars) across state systems
- State based standards; push for faster national standards
- Recommendations related to how to regulate business
- Data transparency requirements
- ROI-use case/business case
- Payment policies that facilitate sharing
- Ways to set rules on who can see what
- How to create aggregate information for some features
- Goal: enhance care of those serving
- Ensure all stakeholders interests are considered
- Protection of data in transmission
- Wireless
- Firewalls
 - Ex: secure socket, require encrypted data, and/or VPN
 - Education on what is considered secure; current laws and protections
- Education/training geared to the CEO, CFO, CIO
 - State group that considers equitability regardless of population (urban/rural)
- Scalability issues: scale down