

**Administrative Simplification Work Group
Meeting #4 Summary**

Wednesday, April 20, 2010
1:00-5:00pm

Work Group Members in Attendance

Laura Etherton, Co-Chair
Dale C. Johnson, Jr., Co-Chair (by phone)
Rhonda Busek
Todd Bybee (by phone)
Alice Cobb
Erick Doolen
Nancy Franssen
Tyla Kennedy
Mary Kjemperud (by phone)
Ann O'Connell (by phone)
Carol Robinson
Mike Schwab (by phone)
Tonja Siefarth
Dan Stevens

OHPR Staff in Attendance

Sean Kolmer
Lynn-Marie Crider

Work Group Members Not in Attendance

Tom Chamberlain
Joan Kapowich (ex-officio)
Teresa D. Miller (ex-officio)
Barney Speight
Doug Walta, MD
Nelda Wilson

Meeting Summary (actions in bold)

Presentation by Jan Root, Utah Health Information Network (UHIN)

Jan Root, Executive Director of the Utah Health Information Network, described the roles of the state and UHIN, a private nonprofit business created by the health care industry, in administrative simplification. She explained that UHIN is a hub service; it does not reformat claims like a clearinghouse but it began standardizing transactions even before passage of HIPAA. Medicaid program has been a participant and has required providers to transact business through UHIN. Some standards developed and adopted by UHIN participants have been adopted by the state insurance commissioner to apply to all insurers.

UHIN historically was a hub for administrative but is now developing the capacity to transmit clinical information.

Almost all claims are electronic in Utah. The exception is claims requiring attachments, the most common of which is a secondary claim with an attached EOB.

Debrief of UHIN presentation

Comments from the work group included these:

- It is not clear what savings Utah has achieved because they don't seem to have tried to measure savings.
- The Utah hub model made sense in Utah 20 years ago, but it may not make sense in Oregon today. They were able to avoid the need for clearinghouses, but we are now dependent on them and a central hub could amount to an added layer of cost.

Discussion of straw plans

Staff presented two straw proposals. Straw A was dubbed the "Modified Minnesota Model." Straw B was the "Let the feds go first model." (See attached summary, which was distributed during the meeting.)

Discussion addressed the following points:

- Pluses and minuses of waiting for the feds
- Uncertainty of what feds will do to standardize
- Cost/difficulty of adjusting systems to accommodate any inconsistency between state uniform standards and what the feds ultimately do
- Need to standardize by going electronic in order to realize savings
- Barriers to providers going electronic, particularly for small providers
- Need for technical assistance and possibility that regional extension centers for HITEC can support providers to adopt, implement, and upgrade systems to do administrative transactions as well as clinic information exchange
- If we build this into the state Medicaid plan, maybe we can get federal match to help with the transition for Medicaid providers.

Conclusions:

- It is not a good idea to wait for the feds.
- Oregon should build a collaborative relationship with Minnesota and others to continue this work.
- The industry has had some difficulty finding broad enough consensus to implement some of the solutions they have built for administrative issues. The state can play a useful role in blessing solutions developed by the industry so that everyone can invest together in innovations that only have value if everyone participates.
- Solutions must be bilateral—requiring both providers and payers to change.
- Both providers and payers in the group feel straw A is the way to go.
- Straw A calls for industry vetting of the Minnesota companion guides before DCBS adopts them to see if any Oregon-specific changes should be recommended. The Health Leadership Task Force should be asked to convene a broad group of industry players to play that role. Erick and Dan will take the issue to the Task Force and report back.
- There is a need to further define Track 4.

The final Committee meeting is scheduled for:

Tuesday, May 11 (#5 – Final Meeting)

1:00 - 5:00 pm

Meridian Park Hospital

Education Center - Room 104

19300 S.W. 65th Avenue

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