

**Administrative Simplification Work Group
Meeting #1 Summary**

Wednesday, March 10, 2010
1:00-5:00pm

Work Group Members in Attendance

Laura Etherton, Co-Chair
Dale C. Johnson, Jr., Co-Chair
Rhonda Busek
Todd Bybee
Tom Chamberlain
Alice Cobb
Erick Doolen
Nancy Franssen
Tyla Kennedy
Mary Kjemperud
Carol Robinson
Mike Schwab
Dan Stevens
Doug Walta, MD
Nelda Wilson
Joan Kapowich (ex-officio)
Teresa D. Miller (ex-officio)

OHPR Staff in Attendance

Sean Kolmer
Lynn-Marie Crider

Work Group Members Not in Attendance

Ann O'Connell
Barney Speight

Meeting Summary (actions in bold)

The group reviewed its role described in Exhibit 4 and the process for creating recommendations described in Exhibit 5.

Staff provided background discussed the focus of the work—which is on transactions between providers and payers.

The group reviewed several efforts to quantify the potential savings from administrative simplification—particularly Exhibit 9, which suggests the greatest opportunities for savings may be in electronic claims, electronic payment remittance (and automated posting), and claims attachments.

Dan Stevens and Erick Doolen described the work of the Health Leadership Task Force on administrative simplification. The Task Force created four work groups on administrative simplification and is now trying to drive to implement some of their work.

- The Task Force has recommended contracting with One Health Port, a Washington organization created by the Washington Health Forum, to create a single web portal that would allow providers to access participating health plans' websites without logging on separately.
- The Task Force has studied creating a single source for collecting data used by hospitals and health plans to do credentialing and doing the primary source verification. The Task Force is still wrestling with whether do recommend this be done through a vendor or the licensing board (Oregon Medical Board). Mike Schwab indicated this would save Oregon Clinic 1.5 FTE. Rhonda Busek noted that LIPA is doing this for physicians and payers in Lane County. The group discussed whether it would be helpful for the state to require uniformity.
- The Task Force is also looking at elements that payer websites should include to enable providers to do real time eligibility determination.

Dan and Erick expect that the Task Force to be ready to make a report on common portal in late April and on credentialing in May.

Alice Cobb presented on DMAP's effort to go electronic. She shared a PowerPoint. DMAP's goal is to be virtually all-electronic for claims, payment remittance, and funds transfer by September 2011. She asked for feedback on an idea of assisting providers by redirecting rather than rejecting claims that are filed with DMAP but should go to a managed care plan. The feedback was that this would be very helpful.

Carol Robinson presented on the health information exchange planning process, the requirements for meaningful use (which enable providers to get Medicare and Medicaid subsidies). There are potential subsidies of \$44 million on the Medicare side and \$63 million on the Medicaid side if all eligible providers participated fully. In 2016, Medicare will begin reducing payments to providers that do not meet the applicable standards.

The group brainstormed the principles that should govern the process of deciding which simplification activities the state should prioritize. The principles listed below were voiced and discussed, but the group did not debate the list or adopt it:

- Don't reinvent the wheel.
- When we borrow a wheel, make sure it was developed and implemented in a comparable setting and is appropriate to Oregon.
- Learn from experience of others (both other states and other Oregon providers and payers).
- Coordinate with other states where possible.
- Take advantage of time-sensitive opportunities.
- Take on projects that won't be done otherwise. (But if the pace of others is slow, consider whether or not there is value to accelerating the pace by our action.)
- Don't bite off too much.
- Do things with best total return on total investment.
- Do things with best return on investment for everyone.

- Do things where the opportunity is greatest considering both technical do-ability and payoff.
- Prioritize things that reduce costs for patients.
- Prioritize things that improve service to patients.
- Any requirements should be made of everyone—payers and providers alike.

The Co-chairs suggested that the group “take a deeper dive” into claims and eligibility inquiry issues.

The next scheduled Committee meetings are:

Tuesday, March 30 (#2)

1:00-5:00 pm

Clackamas Community College
Wilsonville Training Center Room 112
29353 Town Center Loop East
Wilsonville, OR

Wednesday, April 7 (#3)

1:00-5:00 pm

Clackamas Community College
Wilsonville Training Center Room 218
29353 Town Center Loop East
Wilsonville, OR

Tuesday, April 20 (#4)

1:00-5:00 pm

Clackamas Community College
Wilsonville Training Center Room 111
29353 Town Center Loop East
Wilsonville, OR